



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 STATE PUBLIC HEALTH LABORATORY  
**ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT**

**RECEIVED**  
 By Tracy Crews at 10:05 am, Dec 02, 2020

REPORT #7

Complete this report in duplicate at the time of the regular monthly preventative maintenance check, and whenever instrument is repaired. Send copy to Department of Health and Senior Services; retain original in department file.

ALCO SENSOR IV SN 087965	NAME OF AGENCY Cass County Sheriff's Office	DATE OF INSPECTION 12/01/2020
LOCATION OF INSTRUMENT (STREET AND CITY) 2501 W. Mechanic St, Harrisonville		TIME OF INSPECTION 1002

**CHECKLIST:** Place a mark in the box by each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unmarked items must be corrected before using instrument.

- DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)
- TEMPERATURE OF ALCO SENSOR (10°C - 40°C)
- PRINTER WORKING PROPERLY
- TIME AND DATE DISPLAYING PROPERLY

**BREATH ALCOHOL ACCURACY STANDARDS**

- SIMULATOR SOLUTION  COMPRESSED ETHANOL-GAS MIXTURE
- STANDARD SUPPLIER Intoximeters LOT # AG925509 EXP. DATE 05/12/2021
- SIMULATOR TEMPERATURE (34°C ± 0.2°C) \_\_\_\_\_ SIM. SN \_\_\_\_\_ SIM. NIST EXP DATE \_\_\_\_\_
- CALIBRATION CHECK – (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)  
 Run three tests using a standard solution. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (PRINTOUT ATTACHED)
  - 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE
  - 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE
  - 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE

TEST 1 ← .098	TEST 2 ← .097	TEST 3 ← .097
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- RFI DETECTOR OPERATING

**INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: (DO NOT INCLUDE SELF-ADMINISTERED TESTS)**

REFUSALS	0	(0-.04)	0	(.05-.09)	(.10-.14)	0	(.15-.19)	0	(OVER .19)	0
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List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary).  
 Changed the time due to daylight savings

**INSPECTING OFFICER**

SIGNATURE 	PRINT NAME James N. Rew #563
TYPE II PERMIT NUMBER/EXPIRATION DATE 200255 / 09/24/2022	TELEPHONE NUMBER (816) 380-5200

**Return completed report to the:** Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office by mail, fax, or email.

AS IV Serial no: 087965  
Version no: 532B

TEST RECORD 00483

Temp Date Time 210L

Air Blank:  
12/01/20 10:02 .000  
Calibration Check:  
23 12/01/20 10:02 .098

Subject Name  
Test 1  
Subject I.D.

Operator Name, I.D.  
REW 200255 09/24/2022  
Location  
2501 W. Mechanic

AS IV Serial no: 087965  
Version no: 532B

TEST RECORD 00484

Temp Date Time 210L

Air Blank:  
12/01/20 10:04 .000  
Calibration Check:  
24 12/01/20 10:04 .097

Subject Name  
Test 2  
Subject I.D.

Operator Name, I.D.  
REW 200255 09/24/2022  
Location  
2501 W. Mechanic

AS IV Serial no: 087965  
Version no: 532B

TEST RECORD 00485

Temp Date Time 210L

Air Blank:  
12/01/20 10:07 .000  
Calibration Check:  
25 12/01/20 10:07 .097

Subject Name  
Test 3  
Subject I.D.

Operator Name, I.D.  
REW 200255 09/24/2022  
Location  
2501 W. Mechanic

AS IV Serial no: 087965  
Version no: 532B

TEST RECORD 00486

Temp Date Time 210L

VOID: RFI  
12 12/01/20 10:09

Subject Name  
Test RFI  
Subject I.D.

Operator Name, I.D.  
REW 200255 09/24/2022  
Location  
2501 W. Mechanic

AS IV Serial no: 087965  
Version no: 532B

TEST RECORD 00487

Temp Date Time 210L

Air Blank:  
12/01/20 10:11 .000  
Subject Test: Auto  
25 12/01/20 10:11 .000

Subject Name  
Test Blank  
Subject I.D.

Operator Name, I.D.  
REW 200255 09/24/2022  
Location  
2501 W. Mechanic



Airgas USA LLC (LAB)

3500 Bernard Street

St. Louis, Mo. 63103

Ph: (314) 533-3100

Fax: (314) 533-7328

## Certificate of Analysis

**Customer Name**

*Exclusive Supplier*

Intoximeters, Inc.

2081 Craig Road

St. Louis, Mo 63146

**Test Date:** 12-Sep-2019

**Lot # AG925509 Model 34cacd**

**Exp. Date**

12-May-2021

**Cyl. Type**

34

**Component**

Ethanol

Nitrogen

**Certified Concentration**

0.100 ± 2% BrAC (272 ppm)

Balance

**Certification Traceable to N.I.S.T. RGM and to CRM Ethanol Standards:**

<u>RGM Serial No.</u>	<u>Concentration</u>	<u>RGM Serial No.</u>	<u>Concentration</u>
EB0010581	392.1 ppm	EB0010603	393.0 ppm
EB0010570	259.8 ppm	EB0010559	258.2 ppm
EB0010285	208.0 ppm	EB0010595	208.3 ppm
EB0010561	103.6 ppm	EB0010562	104.2 ppm
EB0010681	52.12 ppm	EB0010579	52.81 ppm
<u>CRM Serial No.</u>	<u>Concentration</u>	<u>CRM Serial No.</u>	<u>Concentration</u>
CC434668	800.0 ppm	0056649	390.1 ppm
CC234503	253.0 ppm	0056662	150.2 ppm

**Analytical Method:** NDIR

Digitally signed by Quality Control  
Date: 2019.09.12 16:33:55 -05:00  
Reason: Dry gas standard certification of analysis  
Location: Airgas USA LLC (Lab)

Approved for Release: \_\_\_\_\_

Rod Marsala

**ISO 17025:2005 A2LA accredited. Certificate Number 3082.06**  
**ISO 17034:2016 A2LA accredited. Certificate Number 3082.07**



STATE OF MISSOURI  
DEPARTMENT OF HEALTH AND SENIOR SERVICES  
BREATH ALCOHOL PROGRAM

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**PERMIT**  
**TYPE II**  
**JAMES N. REW**

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

**ALCO-SENSOR IV WITH PRINTER, INTOX EC/IR II**

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 9/24/2020

NUMBER 200255

EXPIRES 9/24/2022

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R6-10)