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By Stephen Wilson at 2:55 pm, Oct 01, 2020



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

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 109482	PRINTER SN 95.1111.053	DATE OF INSPECTION 10/01/2020
LOCATION OF INSTRUMENT (STREET AND CITY) 501 Faraon Street Saint Joseph MO. 64501		TIME OF INSPECTION 11:56 am

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 # AG836201 EXP. DATE 12/28/2020

SIMULATOR TEMPERATURE (34°C ± 0.2°C) SIMULATOR SN SIMULATOR 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 0.097

TEST 2 0.098

TEST 3 0.099

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-.04)	(.05-.09)	(.10-.14)	(.15-.19)	(OVER .19)
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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).

INSPECTING OFFICER

SIGNATURE

PRINT NAME

John L. Foster

TYPE II PERMIT NUMBER/EXPIRATION DATE
290227 EXP-10/01/2021

TELEPHONE NUMBER
(816) 596-8206

Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office
2875 James Boulevard
Poplar Bluff, MO 63901

SAINT JOSEPH POLICE DEPARTMENT MONTHLY MAINTENANCE REPORT

ASIV-W/PRINTER

AS IV Serial no: 109482 Version no: 532B	AS IV Serial no: 109482 Version no: 532B	AS IV Serial no: 109482 Version no: 532B	AS IV Serial no: 109482 Version no: 532B	AS IV Serial no: 109482 Version no: 532B
TEST RECORD 01048	TEST RECORD 01047	TEST RECORD 01049	TEST RECORD 01046	TEST RECORD 01046
Temp Date Time 210L s/	Temp Date Time 210L s/	Temp Date Time 210L s/	Temp Date Time 210L s/	Temp Date Time 210L s/
Air Blank: 10/01/20 12:03 .000	Air Blank: 10/01/20 11:58 .000	Air Blank: 10/01/20 12:03 .000	Air Blank: 10/01/20 11:56 .000	Air Blank: 10/01/20 11:56 .000
Calibration Check: 21 10/01/20 12:03 .099	Subject Test: Man 21 10/01/20 11:58 .098	Calibration Check: 21 10/01/20 12:03 .099	Calibration Check: 21 10/01/20 11:56 .000	Calibration Check: 21 10/01/20 11:56 .097
Subject Name <u>Monthly Maintenance</u>	Subject Name <u>Monthly</u>	Subject Name <u>Monthly</u>	Subject Name <u>Monthly</u>	Subject Name <u>Monthly</u>
Subject I.D. <u>Foster, John 1897</u>	Subject I.D. <u>Foster, J</u>	Subject I.D. <u>Foster, J</u>	Subject I.D. <u>Foster, J</u>	Subject I.D. <u>Foster, J</u>
Operator Name, I.D. <u>LEC</u>	Operator Name, I.D. <u>Foster, J</u>	Operator Name, I.D. <u>Foster, J</u>	Operator Name, I.D. <u>Foster, J</u>	Operator Name, I.D. <u>Foster, J</u>
Location <u>501 Pavaon st.</u>	Location <u></u>	Location <u></u>	Location <u></u>	Location <u></u>
<u>St. Jo MO 44501</u>				



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: 2-Jan-2019

Lot # AG836201 Model 108cadd

<u>Exp. Date</u>	<u>Cyl. Type</u>	<u>Component</u>	<u>Certified Concentration</u>
28-Dec-2020	108	Ethanol	0.100 ± 2% BrAC (272 ppm)
		Nitrogen	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: 2019.01.02 18:04:08 -06:00
 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

2

PERMIT
TYPE II

JOHN L. FOSTER

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 10/1/2019

NUMBER 290227

EXPIRES 10/1/2021



DIRECTOR OF STATE PUBLIC HEALTH LABORATORY



DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 680-0771 (6-10)

LAB-4 (R6-10)



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

INSTRUMENT OPERATOR CARD

The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.

Operator FOSTER, JOHN
Permit No 290227
Date Issued 10/1/2019 **Date Expires** 10/1/2021

