



**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 10/16/2020
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LOCATION OF INSTRUMENT (STREET AND CITY) 501 Faraon Street Saint Joseph MO. 64501	TIME OF INSPECTION 11:51 am
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**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 0.098

TEST 2 0.099

TEST 3 0.100

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
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TYPE II PERMIT NUMBER/EXPIRATION DATE 290227 EXP-10/01/2021	TELEPHONE NUMBER (816) 596-8206
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**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

TEST RECORD 01050  
s/  
Temp Date Time 210L

Air Blank:  
10/16/20 11:51 .000  
Calibration Check:  
17 10/16/20 11:51 .098

Subject Name  
Monthly Maintenance  
Subject I.D.  
Foster, John 290227  
Operator Name, I.D.

Location  
501 Foraker St. (LEC)  
St. Joe Mo

AS IV Serial no: 109482  
Version no: 532B

TEST RECORD 01051  
s/  
Temp Date Time 210L

VOID: RFI  
12 10/16/20 11:52

Subject Name  
Monthly Maint  
Subject I.D.  
Foster, John  
Operator Name, I.D.

Location  
501 Foraker St. (LEC)  
St. Joe Mo

AS IV Serial no: 109482  
Version no: 532B

TEST RECORD 01052  
s/  
Temp Date Time 210L

Air Blank:  
10/16/20 11:54 .000  
Calibration Check:  
18 10/16/20 11:54 .099

Subject Name  
Monthly Maint  
Subject I.D.

Operator Name, I.D.  
Foster, John  
LEC  
Location

AS IV Serial no: 109482  
Version no: 532B

TEST RECORD 01053  
s/  
Temp Date Time 210L

Air Blank:  
10/16/20 11:56 .000  
Calibration Check:  
18 10/16/20 11:56 .100

Subject Name  
Monthly Maintenance  
Subject I.D.

Operator Name, I.D.  
501 Foraker St.  
LEC  
Location



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 108cacc**

<b>Exp. Date</b> 28-Dec-2020	<b>Cyl. Type</b> 108	<b>Component</b> Ethanol Nitrogen	<b>Certified Concentration</b> 0.100 ± 2% BrAC (272 ppm) Balance
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**Certification Traceable to N.I.S.T. RGM and to CRM Ethanol Standards:**

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

**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 580-0771 (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

