



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 110743	PRINTER SN 95.1111.053	DATE OF INSPECTION 08/17/2020
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LOCATION OF INSTRUMENT (STREET AND CITY) 501 Faraon Street Saint Joseph MO. 64501	TIME OF INSPECTION 1:52 pm
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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 # AG815101 EXP. DATE 05/31/2020

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 0.102

TEST 2 0.100

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
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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

AS IV Serial no: 110743
Version no: 532B

TEST RECORD 01546

Temp Date Time 210L
g/

UOID: RFI
12 08/17/20 13:52

Subject Name

Subject I.D.

Foster J Dhu
Operator Name, I.D.

LEC
Location

AS IV Serial no: 110743
Version no: 532B

TEST RECORD 01547

Temp Date Time 210L
g/

Air Blank:
08/17/20 13:54 .000
Calibration Check:
20 08/17/20 13:54 .102

Subject Name

Subject I.D.

Foster J Dhu
Operator Name, I.D.

LEC
Location

AS IV Serial no: 110743
Version no: 532B

TEST RECORD 01548

Temp Date Time 210L
g/

Air Blank:
08/17/20 13:56 .000
Calibration Check:
20 08/17/20 13:56 .100

Subject Name

Subject I.D.

Foster J Dhu
Operator Name, I.D.

LEC
Location

AS IV Serial no: 110743
Version no: 532B

TEST RECORD 01549

Temp Date Time 210L
g/

Air Blank:
08/17/20 13:57 .000
Calibration Check:
21 08/17/20 13:57 .099

Subject Name

Subject I.D.

Foster J Dhu
Operator Name, I.D.

LEC
Location



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 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





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

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

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

Analytical Method: NDIR

Digitally signed by Quality Control
 Date: 2018.01.02 18:04:08 -06:00
 Reason: Dry gas standard certification of analysis
 Location: Airgas USA LLC (Lab)

Approved for Release: _____

Rod Marsala

 Rod Marsala

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



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 111767	PRINTER SN 09B.3589.455	DATE OF INSPECTION 07/21/2020
LOCATION OF INSTRUMENT (STREET AND CITY) 501 Faraon Street Saint Joseph MO. 64501		TIME OF INSPECTION 10:02 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 .001 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 ← 0.097

TEST 3 ← 0.097

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