



**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 09/18/2020
LOCATION OF INSTRUMENT (STREET AND CITY) 501 Faraon Street Saint Joseph MO. 64501		TIME OF INSPECTION 11:41 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 # 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 0.100

TEST 2 0.101

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
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: 110743  
Version no: 532B

TEST RECORD 01580 9/  
Temp Date Time 210L

Air Blank:  
10/16/20 11:41 .000  
Calibration Check:  
19 10/16/20 11:41 .100

Subject Name Monthly Maintenance  
Subject I.D. \_\_\_\_\_  
Operator Name, I.D. Roster, John  
LEC. 501 Farras  
Location St. Jo Wg

AS IV Serial no: 110743  
Version no: 532B

TEST RECORD 01581 9/  
Temp Date Time 210L

Air Blank:  
10/16/20 11:42 .000  
Calibration Check:  
19 10/16/20 11:42 .01

Subject Name Monthly Maintenance  
Subject I.D. \_\_\_\_\_  
Operator Name, I.D. Roster, John  
LEC. 501 Farras  
Location St. Jo

AS IV Serial no: 110743  
Version no: 532B

TEST RECORD 01582 9/  
Temp Date Time 210L

VOID: RFI  
12 10/16/20 11:46

Subject Name Monthly Maintenance  
Subject I.D. \_\_\_\_\_  
Operator Name, I.D. Roster, John  
LEC 501 Farras  
Location St. Jo no.

AS IV Serial no: 110743  
Version no: 532B

TEST RECORD 01582 9/  
Temp Date Time 210L

Air Blank:  
10/16/20 11:47 .000  
Calibration Check:  
20 10/16/20 11:47 .100

Subject Name Monthly Maintenance  
Subject I.D. \_\_\_\_\_  
Operator Name, I.D. Roster, John  
LEC 501 Farras SL  
Location St. Jo no



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**

<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:**

<table border="0"> <tr><td><b><u>RGM Serial No.</u></b></td><td><b><u>Concentration</u></b></td></tr> <tr><td>EB0010581</td><td>392.1 ppm</td></tr> <tr><td>EB0010570</td><td>259.8 ppm</td></tr> <tr><td>EB0010285</td><td>208.0 ppm</td></tr> <tr><td>EB0010561</td><td>103.6 ppm</td></tr> <tr><td>EB0010681</td><td>52.12 ppm</td></tr> </table>	<b><u>RGM Serial No.</u></b>	<b><u>Concentration</u></b>	EB0010581	392.1 ppm	EB0010570	259.8 ppm	EB0010285	208.0 ppm	EB0010561	103.6 ppm	EB0010681	52.12 ppm	<table border="0"> <tr><td><b><u>RGM Serial No.</u></b></td><td><b><u>Concentration</u></b></td></tr> <tr><td>EB0010603</td><td>393.0 ppm</td></tr> <tr><td>EB0010559</td><td>258.2 ppm</td></tr> <tr><td>EB0010595</td><td>208.3 ppm</td></tr> <tr><td>EB0010562</td><td>104.2 ppm</td></tr> <tr><td>EB0010579</td><td>52.81 ppm</td></tr> </table>	<b><u>RGM Serial No.</u></b>	<b><u>Concentration</u></b>	EB0010603	393.0 ppm	EB0010559	258.2 ppm	EB0010595	208.3 ppm	EB0010562	104.2 ppm	EB0010579	52.81 ppm
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**Analytical Method:** NDIR

Digitally signed by Quality Control  
 Date: 2019.01.02 18:04:06 -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



**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

