



**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 10/16/2020
LOCATION OF INSTRUMENT (STREET AND CITY) 501 Faraon Street Saint Joseph MO. 64501		TIME OF INSPECTION 12:01 pm

**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 ➔ 0.099	TEST 2 ➔ 0.098	TEST 3 ➔ 0.098
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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-.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: 111767  
Version no: 532B

TEST RECORD 00172 <sup>s/</sup>

Temp	Date	Time	210L
VOID: RPI	12	10/16/20	12:31

Subject Name  
*Monthly Maintenance*

Subject I.D.  
*Foster, John*

Operator Name, I.D.  
*501 Foran St (LEC)*

Location  
*St. Joseph mo*

*64501*

AS IV Serial no: 111767  
Version no: 532B

TEST RECORD 00173 <sup>s/</sup>

Temp	Date	Time	210L
Air Blank:	10/16/20	12:33	.000
Calibration Check:	20	10/16/20	12:33 .099

Subject Name  
*Monthly Maintenance*

Subject I.D.  
*Foster, John*

Operator Name, I.D.  
*501 Foran St (LEC)*

Location  
*St. Jo mo*

AS IV Serial no: 111767  
Version no: 532B

TEST RECORD 00174 <sup>s/</sup>

Temp	Date	Time	210L
Air Blank:	10/16/20	12:35	.000
Calibration Check:	21	10/16/20	12:35 .098

Subject Name  
*Monthly Maintenance*

Subject I.D.  
*Foster, John*

Operator Name, I.D.  
*LEC*

Location

AS IV Serial no: 111767  
Version no: 532B

TEST RECORD 00175 <sup>s/</sup>

Temp	Date	Time	210L
Air Blank:	10/16/20	12:37	.000
Calibration Check:	21	10/16/20	12:37 .098

Subject Name  
*Monthly Maintenance*

Subject I.D.  
*Foster, John*

Operator Name, I.D.  
*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 108caccd**

<b><u>Exp. Date</u></b> 28-Dec-2020	<b><u>Cyl. Type</u></b> 108	<b><u>Component</u></b> Ethanol Nitrogen	<b><u>Certified Concentration</u></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 18:04:08 -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 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