



**ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT**

REPORT #7

**RECEIVED**  
By Tracy Crews at 8:17 am, Aug 24, 2020

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 111771	NAME OF AGENCY Jasper County Sheriff Office	DATE OF INSPECTION 08/21/2020
LOCATION OF INSTRUMENT (STREET AND CITY) Jasper County Sheriff Office 231 S. Main Street Carthage, MO		TIME OF INSPECTION 1840

**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 # AG009202 EXP. DATE 04/01/2022

SIMULATOR TEMPERATURE (34°C ± 0.2°C) \_\_\_\_\_ SIM. SN \_\_\_\_\_ SIM. NIST 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 ← .081      TEST 2 ← .083      TEST 3 ← .082

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    (0-.04) 0    (.05-.09) 0    (.10-.14) 0    (.15-.19) 0    (OVER .19) 0

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 <i>Sgt. Chris Calvin #349</i>	PRINT NAME Sgt. Chris Calvin #349
TYPE II PERMIT NUMBER/EXPIRATION DATE 200084/ 02/11/2022	TELEPHONE NUMBER (417 ) 358-8177

Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office by mail, fax, or email.

AS IV Serial no: 111771  
Version no: 532B

TEST RECORD 00170

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
08/21/20 18:41 .000  
Calibration Check:  
21 08/21/20 18:41 .081

Subject Name

Acc Check #1

Subject I.D.

Chris Calvin #349

Operator Name, I.D.

200084 - 02-11-22

Location

JCSO

Carthage, Mo

AS IV Serial no: 111771  
Version no: 532B

TEST RECORD 00171

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
08/21/20 18:42 .000  
Calibration Check:  
22 08/21/20 18:42 .083

Subject Name

Acc Check #2

Subject I.D.

Chris Calvin

Operator Name, I.D.

200084 - 02-11-22

Location

JCSO

Carthage, Mo

AS IV Serial no: 111771  
Version no: 532B

TEST RECORD 00172

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
08/21/20 18:44 .000  
Calibration Check:  
22 08/21/20 18:44 .082

Subject Name

Acc Check #3

Subject I.D.

Chris Calvin

Operator Name, I.D.

200084 - 02-11-20

Location

JCSO

Carthage, Mo

AS IV Serial no: 111771  
Version no: 532B

TEST RECORD 00175

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
08/21/20 18:49 .000  
Subject Test: Auto  
23 08/21/20 18:49 .000

Subject Name

Sub Test

Subject I.D.

Chris Calvin

Operator Name, I.D.

200084 - 02-11-20

Location

JCSO

Carthage, Mo

AS IV Serial no: 111771  
Version no: 532B

TEST RECORD 00173

Temp Date Time <sup>s/</sup> 210L

VOID: RFI  
12 08/21/20 18:45

Subject Name

RFI Test

Subject I.D.

Chris Calvin #349

Operator Name, I.D.

200084 - 02-11-22

Location

JCSO

Carthage, Mo



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-Apr-2020

**Lot # AG009202 Model 55cacd**

<u>Exp. Date</u>	<u>Cyl. Type</u>	<u>Component</u>	<u>Certified Concentration</u>
1-Apr-2022	55	Ethanol Nitrogen	0.082 ± 0.002 BrAC (223 ppm) 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: 2020.04.02 20:00:41 -05:00  
 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**



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



**PERMIT  
TYPE II**


**CHRISTOPHER CALVIN**

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, INTOXILYZER 8000**

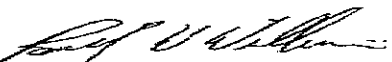
for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 2/11/2020

  
\_\_\_\_\_  
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 200084

EXPIRES 2/11/2022

  
\_\_\_\_\_  
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 CALVIN, CHRISTOPHER  
Permit No 200084  
Date Issued 2/11/2020 Date Expires 2/11/2022

