



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 STATE PUBLIC HEALTH LABORATORY
ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

RECEIVED
 By Tracy Crews at 8:13 am, May 25, 2021

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 087960	NAME OF AGENCY MARCELINE POLICE DEPARTMENT	DATE OF INSPECTION 05/21/2021
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LOCATION OF INSTRUMENT (STREET AND CITY) 123 E. SANTA FE. MARCELINE, MO, 64658	TIME OF INSPECTION 7:14 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.

<input checked="" type="checkbox"/> DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)
<input checked="" type="checkbox"/> TEMPERATURE OF ALCO SENSOR (10°C - 40°C)
<input checked="" type="checkbox"/> PRINTER WORKING PROPERLY
<input checked="" type="checkbox"/> TIME AND DATE DISPLAYING PROPERLY

BREATH ALCOHOL ACCURACY STANDARDS

<input type="checkbox"/> SIMULATOR SOLUTION	<input type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>Intoximeters Inc.</u> LOT # <u>AG104202</u> EXP. DATE <u>10/11/2022</u>	
<input type="checkbox"/> 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)

<input checked="" type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE
<input type="checkbox"/> 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE
<input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE

TEST 1 .100	TEST 2 .100	TEST 3 .099
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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) 1	(.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).

The instrument's outer case with serial number 087960 was attached.

INSPECTING OFFICER

SIGNATURE 	PRINT NAME William H. Barger
TYPE II PERMIT NUMBER/EXPIRATION DATE 210056-4/6/2023	TELEPHONE NUMBER (660) 376-3556

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

MARCELINE POLICE DEPARTMENT-BREATH ALCOHOL PROGRAM

AS IV Serial no: 087960
Version no: 532B
TEST RECORD 00346 s/
Temp Date Time 210L
Air Blank: 05/21/21 19:14 .000
Calibration Check: 21 05/21/21 19:14 .100
Subject Name
TEST #1
Subject I.D.

Operator Name, I.D.
W. BARGER # 210056
Location
123 E. SANTA FE
MARCELINE, MO
64658

TEST# 1

AS IV Serial no: 087960
Version no: 532B
TEST RECORD 00347 s/
Temp Date Time 210L
Air Blank: 05/21/21 19:16 .000
Calibration Check: 21 05/21/21 19:16 .100
Subject Name
TEST # 2
Subject I.D.

Operator Name, I.D.
W. BARGER # 210056
Location
123 E. SANTA FE.
MARCELINE, MO
64658

TEST #2

AS IV Serial no: 087960
Version no: 532B
TEST RECORD 00348 s/
Temp Date Time 210L
Air Blank: 05/21/21 19:18 .000
Calibration Check: 22 05/21/21 19:18 .099
Subject Name
TEST # 3
Subject I.D.

Operator Name, I.D.
W. BARGER # 210056
Location
123 E. SANTA FE
MARCELINE, MO
64658

TEST #3

AS IV Serial no: 087960
Version no: 532B
TEST RECORD 00349 s/
Temp Date Time 210L
VOID: RFI
12 05/21/21 19:21
Subject Name
RFI TEST
Subject I.D.

Operator Name, I.D.
W. BARGER # 210056
Location
123 E. SANTA FE
MARCELINE, MO
64658

RFI TEST

AS-IV S/N: 087960 Type II Permit Holder: William Barger #210056-Exp: 04/06/2023 Date of Maintenance Report: 05/21/2021

Marceline Police Department AS-IV Monthly Maintenance Report



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: 11-Feb-2021

Lot # AG104202 Model 34cacc

<u>Exp. Date</u>	<u>Cyl. Type</u>	<u>Component</u>	<u>Certified Concentration</u>
11-Oct-2022	34	Ethanol	0.100 ± 2% BrAC (272 ppm)
		Nitrogen	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>
CC727481	800.0 ppm	CC727493	390.0 ppm
CC727496	253.0 ppm	CC727498	150.0 ppm

Analytical Method: NDIR

Digitally signed by Quality Control
Date: 2021.02.11 17:38:27 -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



PERMIT
TYPE II
WILLIAM BARGER

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

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 4/6/2021

NUMBER 210056

EXPIRES 4/6/2023

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 **BARGER, WILLIAM**
Permit No **210056**
Date Issued **4/6/2021** Date Expires **4/6/2023**

