



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 **094804** NAME OF AGENCY **Kansas City MO PD** DATE OF INSPECTION **12/30/21**

LOCATION OF INSTRUMENT (STREET AND CITY) **9701 Marion Park Drive, Kansas City MO 64137** TIME OF INSPECTION **2025**

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 # AG010103 EXP. DATE 04/10/2022

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 **.082** TEST 2 **.082** TEST 3 **.081**

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)

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).

TESTED AND CERTIFIED AND DATE CHANGE FOR DAY LIGHT SAVINGS.

INSPECTING OFFICER

SIGNATURE *[Handwritten Signature]* #571 200231/08/20/2022

PRINT NAME **PO Jeremy White**

TYPE II PERMIT NUMBER/EXPIRATION DATE **200231 08/20/2022**

TELEPHONE NUMBER **816-482-8141**

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: 094804
Version no: 532B

TEST RECORD 00895

Temp Date Time 210L

Air Blank:
12/30/21 20:25 .000
Calibration Check:
19 12/30/21 20:25 .082

Subject Name
Test #1
Subject I.D.

Operator Name, I.D.
J White 571
Location 200231
08/20/2022

AS IV Serial no: 094804
Version no: 532B

TEST RECORD 00896

Temp Date Time 210L

Air Blank:
12/30/21 20:27 .000
Calibration Check:
20 12/30/21 20:27 .082

Subject Name
Test #2
Subject I.D.

Operator Name, I.D.
J White 571
Location 200231
08/20/2022

AS IV Serial no: 094804
Version no: 532B

TEST RECORD 00897

Temp Date Time 210L

Air Blank:
12/30/21 20:29 .000
Calibration Check:
21 12/30/21 20:29 .081

Subject Name
Test #3
Subject I.D.

Operator Name, I.D.
J White #571
Location 200231
08/20/2022

AS IV Serial no: 094804
Version no: 532B

TEST RECORD 00898

Temp Date Time 210L

VOID: RFI
12 12/30/21 20:31

Subject Name
RFI Test
Subject I.D.

Operator Name, I.D.
J White 571
Location 200231
08/20/2022



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



**PERMIT
TYPE II**

JEREMY A. WHITE

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 8/20/2020
NUMBER 200231
EXPIRES 8/20/2022
MO 390-0771 (6-10)

Jeremy A. White
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

[Signature]
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES
LAB-4 (RS-10)

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

INSTRUMENT OPERATOR CARD

The named cardholder is authorized to operate an portable breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.

Operator: WHITE, JEREMY
Permit No: 200231
Date Issued: 8/20/2020 Date Expires: 8/20/2022



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: 13-Apr-2020

Lot # AG010103 Model 108cccd

Exp. Date	Cyl. Type	Component	Certified Concentration
10-Apr-2022	108	Ethanol	0.082 ± 0.002 BRAC (223 ppm)
		Nitrogen	Balance

Certification Traceable to N.I.S.T. RGM and to CRM Ethanol Standards:

RGM Serial No.	Concentration	RGM Serial No.	Concentration
EB0010581	392.1 ppm	EB0010603	393.0 ppm
EB0010570	259.8 ppm	EB0010559	258.2 ppm
EB0010285	208.0 ppm	EB0010595	206.3 ppm
EB0010561	103.6 ppm	EB0010562	104.2 ppm
EB0010681	52.12 ppm	EB0010579	52.81 ppm
CRM Serial No.	Concentration	CRM Serial No.	Concentration
CC434668	800.0 ppm	0056649	390.1 ppm
CC234503	253.0 ppm	0056662	150.2 ppm

Analytical Method: NDIR

Digitally signed by Roddy Oshro
Date: 2020.04.14 13:17:01 -0500
Reason: I am a standard certification of analysis
Location: Airgas USA LLC (Lab)

Approved for Release: *Roddy Marsala*
Rod Marsala

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