



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

RECEIVED
 By Tracy Crews at 9:53 am, Apr 09, 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 097406	NAME OF AGENCY Waverly Police Department	DATE OF INSPECTION 04/08/2021
LOCATION OF INSTRUMENT (STREET AND CITY) 111 E Kelling Ave, Waverly, Mo		TIME OF INSPECTION 1058

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 # AG007603 EXP. DATE 11/16/2021

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 • .097 TEST 2 • .097 TEST 3 • .097

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
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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).

First maintenance since returning back into service after inspection by Matt Bond at the Mo Safety Center on 03/26/2021

INSPECTING OFFICER

SIGNATURE  #700	PRINT NAME Andrew Ide
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TYPE II PERMIT NUMBER/EXPIRATION DATE # 210066 / Exp 04/06/2023	TELEPHONE NUMBER (660) 493-2914
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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: 097406
Version no: 532B

TEST RECORD 00664

Temp Date Time 210L

Air Blank:
04/08/21 11:02 .000
Calibration Check:
25 04/08/21 11:02 .097

Subject Name

Test 2

Subject I.D.

Operator Name, I.D.

Andrew Ide, 210066

Location

111 E Kelling Ave

Waverly, Mo, 64096

AS IV Serial no: 097406
Version no: 532B

TEST RECORD 00663

Temp Date Time 210L

Air Blank:
04/08/21 10:58 .000
Calibration Check:
25 04/08/21 10:58 .097

Subject Name

Test 1

Subject I.D.

Operator Name, I.D.

Andrew Ide, 210066

Location

111 E Kelling Ave

Waverly, Mo, 64096

AS IV Serial no: 097406
Version no: 532B

TEST RECORD 00665

Temp Date Time 210L

Air Blank:
04/08/21 11:06 .000
Calibration Check:
25 04/08/21 11:06 .097

Subject Name

Test #3

Subject I.D.

Operator Name, I.D.

Andrew Ide, 210066

Location

111 E Kelling Ave

Waverly, Mo, 64096

AS IV Serial no: 097406
Version no: 532B

TEST RECORD 00666

Temp Date Time 210L

VOID: TIME OUT
5 04/08/21 11:09

Subject Name

Instrument Timed Out

Subject I.D.

Operator Name, I.D.

Andrew Ide, 210066

Location

111 E Kelling Ave

Waverly, Mo, 64096

AS IV Serial no: 097406
Version no: 532B

TEST RECORD 00667

Temp Date Time 210L

VOID: RFI
12 04/08/21 11:12

Subject Name

RFI test

Subject I.D.

Operator Name, I.D.

Andrew Ide, 210066

Location

111 E Kelling Ave

Waverly, Mo, 64096

AS IV Serial no: 097406
Version no: 532B

TEST RECORD 00668

Temp Date Time 210L

Air Blank:
04/08/21 11:20 .000
Subject Test: Auto
23 04/08/21 11:20 .000

Subject Name

Blank Test

Subject I.D.

Operator Name, I.D.

Andrew Ide, 210066

Location

111 E Kelling Ave

Waverly, Mo, 64096



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: 18-Mar-2020

Lot # AG007603 **Model** 34cadd

Exp. Date

16-Nov-2021

Cyl. Type

34

Component

Ethanol
Nitrogen

Certified Concentration

0.100 ± 2% BrAC (272 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

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
ANDREW IDE

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 210066

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 IDE, ANDREW
Permit No 210066
Date Issued 4/6/2021 **Date Expires** 4/6/2023



RECEIVED

By Tracy Crews at 7:43 am, Apr 02, 2021

APPROVED

By Brian Lutmer at 9:28 am, Apr 05, 2021



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

APPLICATION FOR TYPE II PERMIT FOR OPERATION OF BREATH ALCOHOL ANALYZERS

THIS APPLICATION IS FOR
 NEW PERMIT RENEWAL
CURRENT PERMIT NUMBER AND EXPIRATION DATE
N/A

PRINT FULL NAME
Andrew Ide
TITLE
Chief of Police
AGE
25

A disclosure concerning your SSN number is available at:
<http://www.health.mo.gov/lab/breathalcohol/>

DEPARTMENT OR TROOP
Waverly Police Department
TELEPHONE
660-251-1091

BUSINESS ADDRESS (STREET, CITY, STATE, ZIP CODE)
111 E Kelling Ave, Waverly, Mo, 64096

EMAIL ADDRESS
waverlypolicedepartment200@gmail.com

LIST ALL ORIGINAL TRAINING COURSES FOR OPERATION OF BREATH ANALYZERS
(Also, please place a checkmark beside ALL breath analyzer(s) for which you are requesting a permit.)

DATES OF COURSE	LOCATION OF COURSE	COURSE LENGTH (HRS.)	NAME & MODEL OF BREATH ANALYZER	PLACE A CHECKMARK BESIDE INSTRUMENTS FOR WHICH YOU REQUEST	NAME OF INSTRUCTOR
3/22-3/26/21	UCMO / MSC	36	Type II Supervisor	<input type="checkbox"/>	Whitney Bond
3/30/21	UCMO / MSC	8	Type II AS-IV Lab	<input checked="" type="checkbox"/>	Bond
				<input type="checkbox"/>	
				<input type="checkbox"/>	

List the manufacturer and name of instruments for which you are currently performing maintenance reports on and the number of maintenance reports performed on EACH type in the last year.

OK BML

MANUFACTURER AND NAME OF INSTRUMENT	NUMBER OF MAINTENANCE REPORTS	NUMBER OF SUBJECT TESTS
1.		
2.		
3.		

When adding a new instrument, you receive a new two (2) year permit. Therefore, normal renewal procedures apply for the instrument(s) on your current permit that you wish to transfer to the new permit. Disregarding these renewal procedures will result in a new permit for the new instrument only.

To renew a Type II Permit, the applicant shall have completed two (2) Maintenance Reports and shall have performed at least ten (10) tests on drinking subjects in the past year on each instrument for which renewal is requested. If these conditions are not met, or the permit has expired for more than thirty (30) days, the applicant shall perform two (2) Maintenance Reports and five (5) self-administered tests for each breath analyzer for which renewal is requested. Copies of the Maintenance Reports along with the Operational checklists and printouts for the five (5) self-administered tests shall accompany the application for renewal.

SIGNATURE OF APPLICANT
Andrew Ide
DATE
03/30/2021

RETURN COMPLETED APPLICATION TO THE: Breath Alcohol Program, Missouri Department of Health and Senior Services
Southeast District Office
2875 James Blvd.
Poplar Bluff, MO 63901