



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 097406	NAME OF AGENCY Waverly Police Department	DATE OF INSPECTION 06/01/2021
LOCATION OF INSTRUMENT (STREET AND CITY) 111 E Kelling Ave, Waverly, Mo, 64096		TIME OF INSPECTION 6:42 am

**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**

<input type="checkbox"/> SIMULATOR SOLUTION	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>Intoximeters</u>	LOT # <u>AG007603</u> EXP. DATE <u>11/22/2021</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)

- 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  .103	TEST 2  .104	TEST 3  .103
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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	(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).

<b>INSPECTING OFFICER</b>	
SIGNATURE 	PRINT NAME Andrew Ide #700
TYPE / PERMIT NUMBER / EXPIRATION DATE Permit #210066 / Expiration 04-06-2023	TELEPHONE NUMBER (660) 493-2914

**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 00675

Temp	Date	Time	a/ 210L
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Air Blank:  
06/01/21 06:42 .000  
Calibration Check:  
19 06/01/21 06:42 .103

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 00676

Temp	Date	Time	a/ 210L
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Air Blank:  
06/01/21 06:45 .000  
Calibration Check:  
20 06/01/21 06:45 .104

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 00677

Temp	Date	Time	a/ 210L
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Air Blank:  
06/01/21 06:48 .000  
Calibration Check:  
21 06/01/21 06:48 .103

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 00680

Temp	Date	Time	a/ 210L
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VOID: RFI  
12 06/01/21 06:51

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 00681

Temp	Date	Time	a/ 210L
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Air Blank:  
06/01/21 06:53 .000  
Subject Test: Auto  
22 06/01/21 06:53 .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** 34cacc

**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:**

**RGM Serial No.**

EB0010581

EB0010570

EB0010285

EB0010561

EB0010681

**Concentration**

392.1 ppm

259.8 ppm

208.0 ppm

103.6 ppm

52.12 ppm

**RGM Serial No.**

EB0010603

EB0010559

EB0010595

EB0010562

EB0010579

**Concentration**

393.0 ppm

258.2 ppm

208.3 ppm

104.2 ppm

52.81 ppm

**CRM Serial No.**

CC434668

CC234503

**Concentration**

800.0 ppm

253.0 ppm

**CRM Serial No.**

0056649

0056662

**Concentration**

390.1 ppm

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 <input checked="" type="checkbox"/> NEW PERMIT <input type="checkbox"/> RENEWAL	CURRENT PERMIT NUMBER AND EXPIRATION DATE N/A
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PRINT FULL NAME Andrew Ide	TITLE Chief of Police	AGE 25
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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
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BUSINESS ADDRESS (STREET, CITY, STATE, ZIP CODE) 111 E Kelling Ave, Waverly, Mo, 64096
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EMAIL ADDRESS waverlypolicedepartment200@gmail.com
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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 	DATE 03/30/2021
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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