



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 107983	NAME OF AGENCY CLAY COUNTY SHERIFF'S OFFICE	DATE OF INSPECTION 12/02/2021
LOCATION OF INSTRUMENT (STREET AND CITY) 12 S. WATER STREET, LIBERTY, MO 64068		TIME OF INSPECTION 9:16 pm

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 # AG102503 _____ EXP. DATE 01/25/2023 _____
- 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 → .099	TEST 2 → .099	TEST 3 → .099
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- RFI DETECTOR OPERATING

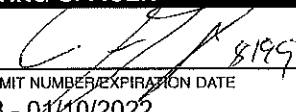
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: (DO NOT INCLUDE SELF-ADMINISTERED TESTS)

REFUSALS	0	(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).

CHANGE CLOCK TO CENTRAL STANDARD TIME

INSPECTING OFFICER

SIGNATURE 	PRINT NAME JAMES BUSH
TYPE II PERMIT NUMBER/EXPIRATION DATE 200048 - 01/10/2022	TELEPHONE NUMBER (816) 407-3702

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: 107983
Version no: 532B

TEST RECORD 01154

Temp	Date	Time	g/L	210L
Air Blank:				
	12/02/21	21:16	.000	
Calibration Check:				
20	12/02/21	21:16	.099	

Subject Name

Monthly Maintenance

Subject I.D.

Test 1

Operator Name, I.D.

S. Bush #8199

Location

12 S. Water St.,

Liberty, MO 64068

AS IV Serial no: 107983
Version no: 532B

TEST RECORD 01155

Temp	Date	Time	g/L	210L
Air Blank:				
	12/02/21	21:18	.000	
Calibration Check:				
21	12/02/21	21:18	.099	

Subject Name

Monthly Maintenance

Subject I.D.

Test 2

Operator Name, I.D.

S. Bush #8199

Location

12 S. Water St.,

Liberty, MO 64068

AS IV Serial no: 107983
Version no: 532B

TEST RECORD 01156

Temp	Date	Time	g/L	210L
Air Blank:				
	12/02/21	21:20	.000	
Calibration Check:				
21	12/02/21	21:20	.099	

Subject Name

Monthly Maintenance

Subject I.D.

Test 3

Operator Name, I.D.

S. Bush #8199

Location

12 S. Water St.,

Liberty, MO 64068

AS IV Serial no: 107983
Version no: 532B

TEST RECORD 01157

Temp	Date	Time	g/L	210L
VOID: RFI				
	12/02/21	21:21		

Subject Name

Monthly Maintenance

Subject I.D.

S. Bush #8199

Operator Name, I.D.

RFI Test

Location

12 S. Water St.,

Liberty, MO 64068



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: 27-Jan-2021

Lot # AG102503 Model 108cacc

<u>Exp. Date</u>	<u>Cyl. Type</u>	<u>Component</u>	<u>Certified Concentration</u>
25-Jan-2023	108	Ethanol	0.100 ± 2% BrAC (272 ppm)
		Nitrogen	Balance

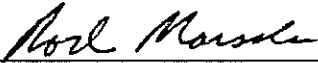
Certification Traceable to N.I.S.T. RGM and to CRM Ethanol Standards:

<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: 2021.01.29 13:36:13 -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

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**PERMIT
 TYPE II**

JAMES S. BUSH

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, INTOX EC/IR II

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 1/10/2020

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 200048

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

EXPIRES 1/10/2022

MO-560-0771 (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 BUSH, JAMES
 Permit No 200048
 Date issued 1/10/2020 Date Expires 1/10/2022