



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

**RECEIVED**

By Tracy Crews at 9:49 am, Jan 18, 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 109482	NAME OF AGENCY Saint Joseph Police Department	DATE OF INSPECTION 01/15/2021
LOCATION OF INSTRUMENT (STREET AND CITY) 501 Faraon Street, Saint Joseph MO. 64501		TIME OF INSPECTION 10:23 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 type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>Intoximeters</u>	LOT # <u>AG836201</u> EXP. DATE <u>12/28/2020</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 ← .095	TEST 2 ← .095	TEST 3 ← .095
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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)	(.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).

**INSPECTING OFFICER**

SIGNATURE 	PRINT NAME John L. Foster
TYPE II PERMIT NUMBER/EXPIRATION DATE 290227 / Exp-10/01/2021	TELEPHONE NUMBER (816) 596-8206

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

MONTHLY MAINTENANCE REPORT, SAINT JOSEPH POLICE  
DEPARTMENT 501 FARAON STREET ST. JOSEPH MO. 64501

AS IV Serial no: 109482  
Version no: 532B

TEST RECORD 01126

Temp Date Time 210L

VOID: RFI

12 01/15/21 10:24

Subject Name

Subject I.D.

*Foster Tdk*  
Operator Name, I.D.

*LEC*

Location

AS IV Serial no: 109482  
Version no: 532B

TEST RECORD 01127

Temp Date Time 210L

Air Blank:

01/15/21 10:26 .000

Subject Test: Man

28 01/15/21 10:26 .095

Subject Name

Subject I.D.

*Foster Tdk*  
Operator Name, I.D.

*LEC*

Location

AS IV Serial no: 109482  
Version no: 532B

TEST RECORD 01128

Temp Date Time 210L

Air Blank:

01/15/21 10:29 .000

Calibration Check:

29 01/15/21 10:29 .095

Subject Name

Subject I.D.

*Foster Tdk*  
Operator Name, I.D.

*LEC*

Location

*Foster Tdk*

*LEC*



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:** 2-Jan-2019

**Lot # AG836201 Model 108cadd**

<b><u>Exp. Date</u></b> 28-Dec-2020	<b><u>Cyl. Type</u></b> 108	<b><u>Component</u></b> Ethanol Nitrogen	<b><u>Certified Concentration</u></b> 0.100 ± 2% BrAC (272 ppm) Balance
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**Certification Traceable to N.I.S.T. RGM and to CRM Ethanol Standards:**

<b><u>RGM Serial No.</u></b>	<b><u>Concentration</u></b>
EB0010581	392.1 ppm
EB0010570	259.8 ppm
EB0010285	208.0 ppm
EB0010561	103.6 ppm
EB0010681	52.12 ppm

<b><u>RGM Serial No.</u></b>	<b><u>Concentration</u></b>
EB0010603	393.0 ppm
EB0010559	258.2 ppm
EB0010595	208.3 ppm
EB0010562	104.2 ppm
EB0010579	52.81 ppm

<b><u>CRM Serial No.</u></b>	<b><u>Concentration</u></b>
CC434668	800.0 ppm
CC234503	253.0 ppm

<b><u>CRM Serial No.</u></b>	<b><u>Concentration</u></b>
0056649	390.1 ppm
0056662	150.2 ppm

**Analytical Method:** NDIR

Digitally signed by Quality Control  
 Date: 2018.01.02 18:04:08 -08:00  
 Reason: Dry gas standard certification of analysis  
 Location: Airgas USA LLC (Lab)

Approved for Release: \_\_\_\_\_

*Rod Marsala*  
 \_\_\_\_\_  
 Rod Marsala

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



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 109482	PRINTER SN 95.1111.053	DATE OF INSPECTION 12/17/2020
LOCATION OF INSTRUMENT (STREET AND CITY) 501 Faraon Street Saint Joseph MO. 64501		TIME OF INSPECTION 1:21 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 # AG836201 EXP. DATE 12/28/2020

SIMULATOR TEMPERATURE (34°C ± 0.2°C) SIMULATOR SN SIMULATOR 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)

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- 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE

TEST 1 → 0.097 TEST 2 → 0.097 TEST 3 → 0.097

- 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-.04)	(.05-.09)	(.10-.14)	(.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).

<b>INSPECTING OFFICER</b>	
SIGNATURE 	PRINT NAME John L. Foster
TYPE II PERMIT NUMBER/EXPIRATION DATE 290227 EXP-10/01/2021	TELEPHONE NUMBER (816) 596-8206

**Return completed report to the:** Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office  
 2875 James Boulevard  
 Poplar Bluff, MO 63901



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

2

**PERMIT  
TYPE II**

**JOHN L. FOSTER**

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 10/1/2019

NUMBER 290227

EXPIRES 10/1/2021

\_\_\_\_\_  
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

\_\_\_\_\_  
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (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** FOSTER, JOHN  
**Permit No** 290227  
**Date Issued** 10/1/2019    **Date Expires** 10/1/2021

