



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

**RECEIVED**  
 By Tracy Crews at 6:40 am, Sep 27, 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<br>110743 | NAME OF AGENCY<br>Saint Joseph Police Department | DATE OF INSPECTION<br>09/23/2021 |
|-----------------------------|--|----------------------------------|

|   |                                |
|---|--------------------------------|
| LOCATION OF INSTRUMENT (STREET AND CITY)<br>501 Faraon Street, Saint Joseph MO. 64501 | TIME OF INSPECTION<br>11:42 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>AG102503</u> EXP. DATE <u>01/25/2023</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  .101 | TEST 2  .101 | TEST 3  .100 |
|--------------|--------------|--------------|

- 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).

|  |                                    |
|--|------------------------------------|
| <b>INSPECTING OFFICER</b>                                    |                                    |
| SIGNATURE<br>  | PRINT NAME<br>John L. Foster       |
| TYPE II PERM NUMBER/EXPIRATION DATE<br>290227 Exp-10/01/2021 | TELEPHONE NUMBER<br>(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.

ASIV/WITH PRINTER MONTHLY MAINTENANCE REPORT, SAINT JOSEPH  
 POLICE DEPARTMENT 501 FARAON STREET ST. JOSEPH MO. 64501

AS IV Serial no: 110743  
 Version no: 532B

TEST RECORD 01679

Temp Date Time 210L  
 9/

VOID: RFI  
 12 09/23/21 11:42

Subject Name

*Mally tests*

Subject I.D.

*Foster, J 28977*

Operator Name, I.D.

*501 Faraon St.*

Location

*St. Joe Mo 64501*

*LEC*

AS IV Serial no: 110743  
 Version no: 532B

TEST RECORD 01680

Temp Date Time 210L  
 9/

Air Blank:

09/23/21 11:44 .000

Calibration Check:

20 09/23/21 11:44 .101

Subject Name

Subject I.D.

*Foster, J 28977*

Operator Name, I.D.

*501 Faraon St.*

Location

*LEC*

AS IV Serial no: 110743  
 Version no: 532B

TEST RECORD 01681

Temp Date Time 210L  
 9/

Air Blank:

09/23/21 11:45 .000

Calibration Check:

20 09/23/21 11:45 .101

Subject Name

Subject I.D.

*Foster, J. 28977*

Operator Name, I.D.

*501 Faraon St.*

Location

*St. Joe Mo 64501*

*LEC*

AS IV Serial no: 110743  
 Version no: 532B

TEST RECORD 01682

Temp Date Time 210L  
 9/

Air Blank:

09/23/21 11:47 .000

Calibration Check:

21 09/23/21 11:47 .100

Subject Name

Subject I.D.

*Foster, Jh. 28977*

Operator Name, I.D.

*501 Faraon St.*

Location

*St. Joe Mo 64501*

*LEC*



**Airgas USA LLC (LAB)**  
 3500 Bernard Street  
 St. Louis, Mo. 63103  
 Ph: (314) 533-3100  
 Fax: (314) 533-7328

## Certificate of Analysis

**Test Date:** 27-Jan-2021

**Customer Name**  
**Exclusive Supplier**  
 Intoximeters, Inc.  
 2081 Craig Road  
 St. Louis, Mo 63146

**Lot # AG102503 Model 108cacd**

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

**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> | <b><u>RGM Serial No.</u></b> | <b><u>Concentration</u></b> |
| 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                   |
| <br>                         |                             | <br>                         |                             |
| <b><u>CRM Serial No.</u></b> | <b><u>Concentration</u></b> | <b><u>CRM Serial No.</u></b> | <b><u>Concentration</u></b> |
| 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: 2021.01.28 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

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 9/9/2021

NUMBER 210197

EXPIRES 9/9/2023

*Laura E. Way*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Donald A. Kamm*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R6-10)

MO 580-0771 (6-10)

 **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** 210197  
**Date Issued** 9/9/2021    **Date Expires** 9/9/2023

