



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

**RECEIVED**  
 By Tracy Crews at 8:30 am, Nov 12, 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 111654	NAME OF AGENCY Platte County Sheriff's Office	DATE OF INSPECTION 11/10/2021
LOCATION OF INSTRUMENT (STREET AND CITY) 415 Third Street, Platte City, Missouri		TIME OF INSPECTION 5:09 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**

<input type="checkbox"/> SIMULATOR SOLUTION	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>Intoximeters, Inc.</u>	LOT # <u>AG114002</u> EXP. DATE <u>05/20/2023</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  .100	TEST 2  .100	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-.04) 1	(.05-.09) _____	(.10-.14) 4	(.15-.19) 3	(OVER .19) 1
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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).  
 I adjusted the time due to daylight savings ending.

<b>INSPECTING OFFICER</b>	
SIGNATURE 	PRINT NAME William Beeler
TYPE II PERMIT NUMBER/EXPIRATION DATE 200168 / 05-11-2022	TELEPHONE NUMBER (816) 858-2424

**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: 111654  
Version no: 532B

TEST RECORD 00040

Temp Date Time 210L <sup>s/</sup>

Air Blank:  
11/10/21 17:09 .000  
Calibration Check:  
23 11/10/21 17:09 .100

Subject Name  
Test # 1

Subject I.D.

Operator Name, I.D.  
W. Beeler 200168  
05/11/2022

Location  
415 Third St

Platte City MO

AS IV Serial no: 111654  
Version no: 532B

TEST RECORD 00041

Temp Date Time 210L <sup>s/</sup>

Air Blank:  
11/10/21 17:11 .000  
Calibration Check:  
23 11/10/21 17:11 .100

Subject Name  
Test # 2

Subject I.D.

Operator Name, I.D.  
W. Beeler 200168  
05/11/2022

Location  
415 Third St

Platte City MO

AS IV Serial no: 111654  
Version no: 532B

TEST RECORD 00042

Temp Date Time 210L <sup>s/</sup>

Air Blank:  
11/10/21 17:13 .000  
Calibration Check:  
24 11/10/21 17:13 .099

Subject Name  
Test # 3

Subject I.D.

Operator Name, I.D.  
W. Beeler 200168  
05/11/2022

Location  
415 Third St

Platte City MO

AS IV Serial no: 111654  
Version no: 532B

TEST RECORD 00043

Temp Date Time 210L <sup>s/</sup>

Air Blank:  
11/10/21 17:14 .000  
Subject Test: Auto  
24 11/10/21 17:14 .000

Subject Name

Sub Blank

Subject I.D.

Operator Name, I.D.

W. Beeler 200168  
05/11/2022

Location

415 Third St

Platte City MO

AS IV Serial no: 111654  
Version no: 532B

TEST RECORD 00044

Temp Date Time 210L <sup>s/</sup>

VOID: RFI  
12 11/10/21 17:16

Subject Name

RFI

Subject I.D.

Operator Name, I.D.

W. Beeler 200168  
05/11/2022

Location

415 Third St

Platte City MO



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:** 21-May-2021

**Lot #** AG114002 **Model** 108cacd

**Exp. Date**

20-May-2023

**Cyl. Type**

108

**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

**Concentration**

392.1 ppm

EB0010570

259.8 ppm

EB0010285

208.0 ppm

EB0010561

103.6 ppm

EB0010681

52.12 ppm

**RGM Serial No.**

EB0010603

**Concentration**

393.0 ppm

EB0010559

258.2 ppm

EB0010595

208.3 ppm

EB0010562

104.2 ppm

EB0010579

52.81 ppm

**CRM Serial No.**

CC434668

**Concentration**

800.0 ppm

CC234503

253.0 ppm

**CRM Serial No.**

0056649

**Concentration**

390.1 ppm

0056662

150.2 ppm

**Analytical Method:**

NDIR

Digitally signed by Quality Control  
Date: 2021.05.21 11:39:32 -05:00  
Reason: Dry gas standard certification of analysis  
Location: Airgas USA LLC (Lab)

Approved for Release:

Rod Marsala

ISO 17025:2017 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**

**WILLIAM BEELER**

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 DMT**

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 5/11/2020

NUMBER 200168

EXPIRES 5/11/2022

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 **BEELER, WILLIAM**  
 Permit No **200168**  
 Date Issued **5/11/2020**    Date Expires **5/11/2022**