



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 111655	PRINTER SN 09B.3589.464	DATE OF INSPECTION 12/01/2021
LOCATION OF INSTRUMENT (STREET AND CITY) 115 E. 69 Highway, Claycomo, MO 64119		TIME OF INSPECTION 4:25 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**

- SIMULATOR SOLUTION  COMPRESSED ETHANOL-GAS MIXTURE
- STANDARD SUPPLIER Intoximeters LOT # AG109003 EXP. DATE 03/31/2023
- 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)
  - 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 → .098
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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	3	(0-.04)	0	(.05-.09)	0	(.10-.14)	1	(.15-.19)	1	(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).  
Instrument operating within MO DOHSS standards and guidelines.

**INSPECTING OFFICER**

SIGNATURE <i>Sgt Jeffrey Kirk #104</i>	PRINT NAME Sgt. Jeffrey Kirk # 104
TYPE II PERMIT NUMBER/EXPIRATION DATE 200130 03/09/2022	TELEPHONE NUMBER (816) 452-4613

**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

AS IV Serial no: 111655  
Version no: 532B

TEST RECORD 00926

Temp Date Time 210L

Air Blank:  
12/01/21 04:04 .000  
Calibration Check:  
21 12/01/21 04:04 .000

Subject Name  
TEST #1

Subject I.D.

Operator Name, I.D. 200130

Sgt Jeffrey Kirk #104  
Location Claycomo PD  
115 E US 69 Hwy

Claycomo, mo 64119

AS IV Serial no: 111655  
Version no: 532B

TEST RECORD 00927

Temp Date Time 210L

Air Blank:  
12/01/21 04:06 .000  
Calibration Check:  
21 12/01/21 04:06 .000

Subject Name  
TEST #2  
Subject I.D.

Operator Name, I.D. 200130

Sgt. Kirk #104  
Location Claycomo P.D.  
115 E US 69 Hwy

Claycomo, mo 64119

AS IV Serial no: 111655  
Version no: 532B

TEST RECORD 00928

Temp Date Time 210L

Air Blank:  
12/01/21 04:08 .000  
Calibration Check:  
22 12/01/21 04:08 .000

Subject Name  
TEST #3  
Subject I.D.

Operator Name, I.D. 200130

Sgt. Jeffrey Kirk #104  
Location Claycomo PD  
115 E US 69 Hwy

Claycomo, mo 64119

AS IV Serial no: 111655  
Version no: 532B

TEST RECORD 00929

Temp Date Time 210L

USFM RFI  
12 12/01/21 04:11

Subject Name  
RFI

Subject I.D.

Operator Name, I.D. 200130

Sgt Jeffrey Kirk #104  
Location Claycomo P.D.  
115 E US 69 Hwy

Claycomo, mo 64119

AS IV Serial no: 111655  
Version no: 532B

TEST RECORD 00930

Temp Date Time 210L

Air Blank:  
12/01/21 04:13 .000  
Subject Test: Auto  
22 12/01/21 04:13 .000

Subject Name  
Self Test

Subject I.D.

Operator Name, I.D. 200130

Sgt. Jeffrey Kirk #104  
Location Claycomo P.D.  
115 E US 69 Hwy

Claycomo, mo 64119

# Airgas

Airgas USA LLC (LAB)

3500 Bernard Street

St. Louis, Mo. 63103

Ph: (314) 533-3100

Fax: (314) 533-7328

## Certificate of Analysis

Customer NameExclusive SupplierIntoximeters, Inc.  
2081 Craig Road  
St. Louis, Mo 63146Test Date: 31-Mar-2021

Lot # AG109003 Model 108caod

Exp. Date

31-Mar-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:

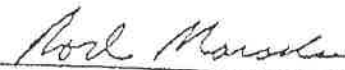
<u>RGM Serial No.</u>	<u>Concentration</u>	<u>RGM Serial No.</u>	<u>Concentration</u>
EB0010581	392.1 ppm	EB0010603	393.0 ppm
EB0010570	259.8 ppm	EB0010559	258.2 ppm
EB0010285	208.0 ppm	EB0010595	208.3 ppm
EB0010561	103.6 ppm	EB0010562	104.2 ppm
EB0010681	52.12 ppm	EB0010579	52.81 ppm
<u>CRM Serial No.</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: 2021.03.31 18:04:07 -05:00  
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



**PERMIT**  
**TYPE II**

**JEFFREY KIRK**

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 3/9/2020

NUMBER 200130

EXPIRES 3/9/2022

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (5-10)

LAB-4 (16-10)

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 KIRK, JEFFREY  
Permit No 200130  
Date issued 3/9/2020 Date Expires 3/9/2022