



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 111667	NAME OF AGENCY Platte County Sheriff's Office	DATE OF INSPECTION 11/09/2021
LOCATION OF INSTRUMENT (STREET AND CITY) 415 Third Street, Platte City, Missouri		TIME OF INSPECTION 10:26 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 .098	TEST 2 .098	TEST 3 .098
--------------	--------------	--------------

- 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) 1	(.10-.14)	(.15-.19) 1	(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).

I adjusted the time due to daylight savings ending.

INSPECTING OFFICER

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: 111667
Version no: 532B

TEST RECORD 00511

Temp Date Time ^{s/} 210L

Air Blank:
11/09/21 22:26 .000
Calibration Check:
23 11/09/21 22:26 .098

Subject Name

Test # 1

Subject I.D.

Operator Name, I.D.

W. Beeler 200168
5-11-2022

Location

415 Third St

Platte City MO

AS IV Serial no: 111667
Version no: 532B

TEST RECORD 00512

Temp Date Time ^{s/} 210L

Air Blank:
11/09/21 22:28 .000
Calibration Check:
24 11/09/21 22:28 .098

Subject Name

Test # 2

Subject I.D.

Operator Name, I.D.

W. Beeler 200168
5-11-2022

Location

415 Third St

Platte City MO

AS IV Serial no: 111667
Version no: 532B

TEST RECORD 00513

Temp Date Time ^{s/} 210L

Air Blank:
11/09/21 22:39 .000
Calibration Check:
24 11/09/21 22:39 .098

Subject Name

Test # 3

Subject I.D.

Operator Name, I.D.

W. Beeler 200168
5-11-2022

Location

415 Third St

Platte City MO

AS IV Serial no: 111667
Version no: 532B
TEST RECORD 00514
Temp Date Time ^{s/} 210L
Air Blank:
11/09/21 23:01 .000
Subject Test: Auto
24 11/09/21 23:01 .000
Subject Name
Sub Blank
Subject I.D.
Operator Name, I.D.
W. Beeler 200168
5-11-2022
Location
415 Third St
Platte City MO

AS IV Serial no: 111667
Version no: 532B
TEST RECORD 00515
Temp Date Time ^{s/} 210L
VOID: RFI
12 11/09/21 23:03
Subject Name
RFI
Location
Operator Name, I.D.
W. Beeler 200168
5-11-2022
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** 108cacc

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

EB0010570

EB0010285

EB0010561

EB0010681

Concentration

392.1 ppm

259.8 ppm

208.0 ppm

103.6 ppm

52.12 ppm

RGM Serial No.

EB0010603

EB0010559

EB0010595

EB0010562

EB0010579

Concentration

393.0 ppm

258.2 ppm

208.3 ppm

104.2 ppm

52.81 ppm

CRM Serial No.

CC434668

CC234503

Concentration

800.0 ppm

253.0 ppm

CRM Serial No.

0056649

0056662

Concentration

390.1 ppm

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



**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