



**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<br>111767   | NAME OF AGENCY<br>Saint Joseph Police Department | DATE OF INSPECTION<br>05/17/2021 |
| LOCATION OF INSTRUMENT (STREET AND CITY)<br>501 Faraon Street, Saint Joseph MO. 64501 |  | TIME OF INSPECTION<br>11:48 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 # AG102503 EXP. DATE 01/25/2023

SIMULATOR TEMPERATURE (34°C ± 0.2°C) SIM. SN SIM. MIST 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 .097

TEST 2 .097

TEST 3 .096

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).

**INSPECTING OFFICER**

|  |                                    |
|--|------------------------------------|
| SIGNATURE<br>  | PRINT NAME<br>John L. Foster       |
| TYPE II PERMIT 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: 111767  
Version no: 532B

TEST RECORD 00236  
Temp Date Time 210L  
s/

VOID: RFI  
12 05/17/21 11:48

Subject Name

Subject I.D.

*Foster, John 290227*  
Operator Name, I.D.

*501 Faraon St*  
Location

*St. Joe MO 64501*

*LEC*

AS IV Serial no: 111767  
Version no: 532B

TEST RECORD 00237  
Temp Date Time 210L  
s/

Air Blank:  
05/17/21 11:49 .000  
Calibration Check:  
21 05/17/21 11:49 .097

Subject Name

Subject I.D.

*Foster John*  
Operator Name, I.D.

*501 Faraon St*  
Location

*St. Joe MO 64501*

*LEC*

AS IV Serial no: 111767  
Version no: 532B

TEST RECORD 00238  
Temp Date Time 210L  
s/

Air Blank:  
05/17/21 11:51 .000  
Calibration Check:  
21 05/17/21 11:51 .097

Subject Name

Subject I.D.

*Foster John*  
Operator Name, I.D.

*LEC*  
Location

*501 Faraon St*

*St Joe MO 64501*

AS IV Serial no: 111767  
Version no: 532B

TEST RECORD 00239  
Temp Date Time 210L  
s/

Air Blank:  
05/17/21 11:53 .000  
Calibration Check:  
22 05/17/21 11:53 .096

Subject Name

Subject I.D.

*Foster John 290227*  
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 108caccd**

**Exp. Date**

25-Jan-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: 2021.01.29 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**



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<br><b>110745-110743</b>  | NAME OF AGENCY<br><b>Saint Joseph Police Department</b> | DATE OF INSPECTION<br><b>04/21/2021</b> |
| LOCATION OF INSTRUMENT (STREET AND CITY)<br><b>501 Faraon Street, Saint Joseph MO. 64501</b> |   | TIME OF INSPECTION<br><b>10:25 am</b>   |

**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.

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PRINTER WORKING PROPERLY

TIME AND DATE DISPLAYING PROPERLY

**BREATH ALCOHOL ACCURACY STANDARDS**

SIMULATOR SOLUTION

COMPRESSED ETHANOL-GAS MIXTURE

STANDARD SUPPLIER **Intoximeters**

LOT # **AG102503**

EXP. DATE **01/25/2023**

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)

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TEST 1 **.101**

TEST 2 **.101**

TEST 3 **.101**

RFI DETECTOR OPERATING

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REFUSALS

(0-.04)

(.05-.09)

(.10-.14)

(.15-.19)

(OVER .19)

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**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.



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

MD 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