

By Tracy Crews at 11:18 am, Dec 20, 2021



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

| 1 | | | | | |
|---|---|---|--------------------------|----------------------------------|--|
| Complete this report in duplicate at the Send copy to Department of Health and | time of the regular mon Senior Services; retain | athly preventative maintent original in department file | ance check, and wh | enever instrument is repaired. | |
| ALCO SENSOR IV SN 111767 | NAME OF AGENC Saint Joseph | cy h Police Department | 12 | e of inspection /20/2021 | |
| LOCATION OF INSTRUMENT (STREET AND CITY 501 Faraon Street, Saint Joseph MC | | 9:4 | e of Inspection 46 am | | |
| CHECKLIST: Place a mark in the box by | each item if found to be | satisfactory or if operating | within established li | mits. (Write in observed values | |
| where determined.) Unmarked items mu | ist 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 PRO | OPERLY | | | | |
| BREATH ALCOHOL ACCURACY STAT | VDARDS | | | | |
| ☐ SIMULATOR SOLUTION ☐ COMPRESSED ETHANOL-GAS MIXTURE | | | | MIXTURE | |
| STANDARD SUPPLIER Intoximeter | ers | LOT # AG102503 | EXP. DATE 01/ | /25/2023 | |
| SIMULATOR TEMPERATURE (34°C ± 0.2°C) | | SIM. SN | SIM. NIST | EXP DATE | |
| Run three tests using a standard so less. Check the box corresponding t ✓ 0.100% STANDARD - MUST R ─ 0.080% STANDARD - MUST R ─ 0.040% STANDARD - MUST R | o the standard solution READ BETWEEN 0.095° READ BETWEEN 0.076° | being used. (PRINTOUT / % and 0.105% INCLUSIVI % and 0.084% INCLUSIVI | ATTACHED) = = | must have a spread of .005 of | |
| TEST 1 • .099 | TEST 2098 | | 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 (004) | (.0509) | (.1014) | (.1519) | (OVER .19) | |
| List any new parts and describe any alt established limits (use other side if nece | | that was made to restore | the instrument to o | perate satisfactorily and within | |
| INSPECTING OFFICER | | | 7 76 TA SE | | |
| SIGNATURE | | John L. Foster | | | |
| TYPE II PERMI NUMBER/EXPIRA ON DATE 210197 Exp-09/09/2023 | | 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.

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

AS IU Serial no: 111767
Uersion no: 532B

TEST RECORD 00330

Y
Temp Date Time 210L
Air Blank: 12/20/21 09:46 .000
Calibration Check: 19 12/20/21 09:46 .009
Subject Name
Subject Name

Manual Hest
Subject I.D.

Operator Name, I.D.

Location

Location

AS IV Serial no: 111767

Version no: 532B

TEST RECORD 00331

Temp Date Time 210L

VOID: RFI
12 12/20/21 09:47

Subject Name

Subject Name, I.D.

Operator Name, I.D.

Location

AS IV Serial no: 111767 Version no: 532B Subject I.D. Subject Name Calibration Check: 20 12/20/21 09:49 .098 Air Blank: Temp Date St. Joe MO 64501 Location Operator Name, I.D. 05tor Joh-501 Faraon St. TEST RECORD 00332 12/20/21 09:49 .000 Time 210L 28977

AS IU Serial no: 111767
Uersion no: 532B

TEST RECORD 00333

Temp Date Time 2101

Temp Date Time 210L

Air Blank:
12/20/21 09:50 .000

Calibration Check:
21 12/20/21 09:50 .098

Subject I.D.

Subject Name

Operator Name, I.D.



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: 27-Jan-2021

Lot # AG102503 Model 108cacd

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:

| 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. CC727481 | Concentration 800.0 ppm | <u>CRM Serial No.</u> CC727493 CC727498 | Concentration 390.0 ppm 150.0 ppm |

Analytical Method:

CC727496

NDIR

253.0 ppm

Digitally signed by Quality Control Date: 2021.01.29 13:36:13 -06:00 Resson: Dry gas standard certification of analysis Location: Airgas USA LLC (Lab)

Approved for Release:

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 || 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.

| 0/0/6054 | Lama 4. May | | |
|------------------|--|--|--|
| DATE9/9/2021 | DIRECTOR OF STATE PUBLIC HEALTH LABORATORY | | |
| NUMBER 210197 | Thomas A. Kanna | | |
| EXPIRES 9/9/2023 | DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES | | |

AO 580-0771 (6-10)

LAB-4 (R6-10)

