



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

RECEIVED
 By Tracy Crews at 9:58 pm, Apr 23, 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 111767 | NAME OF AGENCY Saint Joseph Police Department | DATE OF INSPECTION 04/21/2021 |
| LOCATION OF INSTRUMENT (STREET AND CITY) 501 Faraon Street, Saint Joseph MO. 64501 | | TIME OF INSPECTION 11:36 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. 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 • .097

TEST 3 • .097

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

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.

**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 00235
Temp Date Time 210L
Air Blank: 04/21/21 12:15 .000
Calibration Check: 23 04/21/21 12:15 .097

Subject Name Monthly Test
Subject I.D. Foster, John
Operator Name, I.D. 501 Faraon St.
Location St. Jo MO 64501
LEC

AS IV Serial no: 111767
Version no: 532B

TEST RECORD 00234
Temp Date Time 210L
Air Blank: 04/21/21 12:12 .000
Calibration Check: 23 04/21/21 12:12 .097

Subject Name Monthly Test
Subject I.D. Foster, John
Operator Name, I.D. 501 Faraon St.
Location St. Jo MO 64501
LEC

AS IV Serial no: 111767
Version no: 532B

TEST RECORD 00233
Temp Date Time 210L
Air Blank: 04/21/21 12:11 .000
Calibration Check: 22 04/21/21 12:11 .098

Subject Name Monthly Test
Subject I.D. Foster, John 290227
Operator Name, I.D. 501 Faraon Street
Location St. Jo MO 64501
LEC

AS IV Serial no: 111767
Version no: 532B

TEST RECORD 00232
Temp Date Time 210L
VOID: REI
12 04/21/21 11:36

Subject Name Monthly Test
Subject I.D. Foster, John 290227
Operator Name, I.D. 501 Faraon Street
Location St. Jo MO 64501



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

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 FOSTER, JOHN
 Permit No 290227
 Date Issued 10/1/2019 Date Expires 10/1/2021



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 108cacc

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

CC727496

Concentration

800.0 ppm

253.0 ppm

CRM Serial No.

CC727493

CC727498

Concentration

390.0 ppm

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



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| | | |
|---|--|----------------------------------|
| ALCO SENSOR IV SN 110743 | NAME OF AGENCY Saint Joseph Police Department | DATE OF INSPECTION 03/16/2021 |
| LOCATION OF INSTRUMENT (STREET AND CITY) 501 Faraon Street, Saint Joseph MO. 64501 | | TIME OF INSPECTION 14:46 |

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 type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE |
| <input checked="" type="checkbox"/> STANDARD SUPPLIER Intoximeters | LOT # AG102503 EXP. DATE 01/25/2023 |
| <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)
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| | | |
|---------------|---------------|---------------|
| TEST 1 = .097 | TEST 2 = .097 | TEST 3 = .097 |
|---------------|---------------|---------------|

- RFI DETECTOR OPERATING

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INSPECTING OFFICER

| | |
|---|------------------------------------|
| SIGNATURE | PRINT NAME John L. Foster |
| TYPE # PERMIT NUMBER EXPIRATION DATE 290227 Exp-10/01/2021 | TELEPHONE NUMBER (816) 596-8206 |

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