



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 002005	NAME OF AGENCY Kansas City MO PD	DATE OF INSPECTION 01/07/2022
LOCATION OF INSTRUMENT (STREET AND CITY) 9701 Marion Park Drive, Kansas City MO 64137		TIME OF INSPECTION 1802

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 # AG010103 EXP. DATE 04/10/2022

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 ➡	.082	TEST 2 ➡	.081	TEST 3 ➡	.081
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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	0	(0-.04)	0	(.05-.09)	0	(.10-.14)	0	(.15-.19)	0	(OVER .19)	2
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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).

INSPECTING OFFICER

SIGNATURE *Nathan Magers*

PRINT NAME **Magers, Nathan #5243**

TYPE II PERMIT NUMBER/EXPIRATION DATE **210105 05/18/2023**

TELEPHONE NUMBER **() 816-482-8220**

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: 002005
Version no: 532B

TEST RECORD 00531

Temp Date Time ^{s/} 210L

Air Blank:
01/07/22 18:02 .000
Calibration Check:
21 01/07/22 18:02 .082

Subject Name

Test 1

Subject I.D.

Operator Name, I.D.

Maged S243

Location

AS IV Serial no: 002005
Version no: 532B

TEST RECORD 00533

Temp Date Time ^{s/} 210L

Air Blank:
01/07/22 18:05 .000
Subject Test: Man
22 01/07/22 18:05 .081

Subject Name

Test 3

Subject I.D.

Operator Name, I.D.

Maged S243

Location

AS IV Serial no: 002005
Version no: 532B

TEST RECORD 00532

Temp Date Time ^{s/} 210L

Air Blank:
01/07/22 18:04 .000
Subject Test: Man
21 01/07/22 18:04 .081

Subject Name

Test 2

Subject I.D.

Operator Name, I.D.

Maged S243

Location

AS IV Serial no: 002005
Version no: 532B

TEST RECORD 00534

Temp Date Time ^{s/} 210L

VOID: RFI
12 01/07/22 18:07

Subject Name

Test 4

Subject I.D.

Operator Name, I.D.

Maged S243

Location



STATE OF MISSOURI
DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



PERMIT
TYPE II
NATHAN MAGERS

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, INTOXLYZER 8000

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 506.111 through 506.119 RSMo.

DATE 5/18/2021

NUMBER 210105

EXPIRES 5/18/2023

MO 396-0771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES LAB-1 (6-10)

STATE OF MISSOURI
DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM
INSTRUMENT OPERATOR CARD

The owner/operator is authorized to operate an alcohol breath analyzer in Missouri.
MAGERS, NATHAN
Permit No. 210105
Date Issued 5/18/2021 Date Expires 5/18/2023

ILMO
Specialty gases

7 Eastgate Dr. • P.O. Box 790 • Jacksonville, IL 62651-0790
217-245-2183 • Fax: 217-245-7634 • www.ilmoпродукт.com

Certificate of Analysis

Certificate ID: 13021
Part #: BAC105L080T
Cylinder Size: 185L
Lot Number: 14020808A2
Expiration: 7/5/2022

0.080 BAC (For the calibration of instruments used to determine breath alcohol concentration)

Contents: 105 Liters @ 1000 psig 70°F (21°C)

Component	Reported Concentration:	Analytical Accuracy (U, K=2):	Analytical Method:
Ethanol	288 ppm	+/- 0.092 BAC (G/100)	NDIR
Nitrogen	Bal.ance	(5.2 ppm)	

Distributed by:
CMI Inc.
316 East Ninth Street
Owensboro, KY 42303
Phone 866-835-0690
www.alcoholtest.com

*Traceable to:
Certified Reference Material - 262.4 µmol/mol
Ethanol in Nitrogen - Serial No. GN0015026 Lot No. 050319E11

Score in dry area, away from sources of heat,
ignition and direct sunlight. Do not allow storage
area to exceed 52 °C (125 °F).

Specialty Gas Lab Tech

06-15-2020
Issuance Date



The operator reads within this certificate were obtained using equipment and standards capable of producing analytical results traceable to NIST, and apply only to the item specified. This information may be at the discretion of the user. Liability shall be limited to the extent of the information provided for any particular area to exceed 52 °C (125 °F).