



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 07/07/2022 |
| LOCATION OF INSTRUMENT (STREET AND CITY) 9701 Marion Park Drive, Kansas City MO 64137 | | TIME OF INSPECTION 1720 |

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</u> | LOT # <u>AG01970</u> EXP. DATE <u>07/15/2022</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 .077 | TEST 2 .077 | TEST 3 .077 |
|--------------------|--------------------|--------------------|

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 1 | (0-.04) 0 | (.05-.09) 0 | (.10-.14) 1 | (.15-.19) 2 | (OVER .19) 0 |
|------------|------------------|--------------------|--------------------|--------------------|---------------------|

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 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 00589

Temp Date Time 210L

Air Blank:
07/07/22 17:20 .000
Calibration Check:
30 07/07/22 17:20 .077

Subject Name

Test 1

Subject I.D.

Operator Name, I.D.

Mages SMY

Location

AS IV Serial no: 002005
Version no: 532B

TEST RECORD 00590

Temp Date Time 210L

Air Blank:
07/07/22 17:21 .000
Calibration Check:
30 07/07/22 17:21 .077

Subject Name

Test 2

Subject I.D.

Operator Name, I.D.

Mages SMY

Location

AS IV Serial no: 002005
Version no: 532B

TEST RECORD 00591

Temp Date Time 210L

Air Blank:
07/07/22 17:24 .000
Calibration Check:
30 07/07/22 17:24 .077

Subject Name

Test 3

Subject I.D.

Operator Name, I.D.

Mages SMY

Location

AS IV Serial no: 002005
Version no: 532B

TEST RECORD 00592

Temp Date Time 210L

VOID: RFI
12 07/07/22 17:26

Subject Name

Test 4

Subject I.D.

Operator Name, I.D.

Mages SMY

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, INTOXILYZER 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 306.111 through 306.119 RSMo.

DATE 5/18/2021

NUMBER 210105

EXPIRES 5/18/2023

MO 994-0771 (6-19)

Nathan Magers
LWS

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES
LMS-4 (6-10)

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

INSTRUMENT OPERATOR CARD

The owner/contributor is authorized to operate an additional breath alcohol instrument for the determination of the alcoholic content in breath from an employee.

Operator: **MAGERS, NATHAN**
Permit No. **210105**
Date Issued **5/18/2021** Date Expires **5/18/2023**



Airgas.

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: 20-Jul-2020

Lot # AG019702 Model 108cccd

Exp. Date
15-Jul-2022

Component
Ethanol
Nitrogen

Certified Concentration
0.082 ± 0.002 BYAC (223 ppm)
Balance

Certification Traceable to N.I.S.T. RGM and to CRM Ethanol Standards:

| RGM Serial No. | Concentration | CRM Serial No. | Concentration |
|----------------|---------------|----------------|---------------|
| EB0010581 | 392.1 ppm | 0056649 | 390.1 ppm |
| EB0010570 | 258.8 ppm | 0056662 | 150.2 ppm |
| EB0010285 | 208.0 ppm | | |
| EB0010561 | 103.6 ppm | | |
| EB0010681 | 52.12 ppm | | |

| RGM Serial No. | Concentration |
|----------------|---------------|
| EB0010603 | 393.0 ppm |
| EB0010559 | 258.2 ppm |
| EB0010595 | 208.3 ppm |
| EB0010562 | 104.2 ppm |
| EB0010579 | 52.81 ppm |

Analytical Method: NDIR

Digitally signed by Quality Control
Date: 2020.07.20 19:42:27 -0500
Reason: I am the author of analysis
Location: Airgas USA LLC (LAB)

Approved for Release:

Rod Marsala
Rod Marsala

ISO 17025:2005 A2LA accredited, Certificate Number 3082.06
ISO 17034:2016 A2LA accredited, Certificate Number 3082.07