



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 087965	NAME OF AGENCY Cass County Sheriff's Office	DATE OF INSPECTION 08/01/2022
LOCATION OF INSTRUMENT (STREET AND CITY) 2501 W. Mechanic St, Harrisonville		TIME OF INSPECTION 9:00 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 # AG134807 EXP. DATE 08/14/2023

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 .100

TEST 2 .99

TEST 3 .99

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)	0
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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

PRINT NAME
James Rew

TYPE II PERMIT NUMBER/EXPIRATION DATE
200255 09/24/2022

TELEPHONE NUMBER
(816) 380-5200

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: 087965
Version no: 532B

TEST RECORD 00568

Temp Date Time ^{3/} 210L

Air Blank:
08/01/22 09:01 .000
Calibration Check:
23 08/01/22 09:01 .100

Subject Name

Subject I.D.

Test 1

Operator Name, I.D.

Rev 503 200255 9/24/22

Location

2501 W. Medina

AS IV Serial no: 087965
Version no: 532B

TEST RECORD 00569

Temp Date Time ^{3/} 210L

Air Blank:
08/01/22 09:03 .000
Calibration Check:
23 08/01/22 09:03 .099

Subject Name

Subject I.D.

Test 2

Operator Name, I.D.

Rev 503 200255 9/24/22

Location

2501 W. Medina

AS IV Serial no: 087965
Version no: 532B

TEST RECORD 00570

Temp Date Time ^{3/} 210L

Air Blank:
08/01/22 09:05 .000
Calibration Check:
24 08/01/22 09:05 .099

Subject Name

Subject I.D.

Test 3

Operator Name, I.D.

Rev 503 200255 09/24/22

Location

2501 W. Medina

AS IV Serial no: 087965
Version no: 532B

TEST RECORD 00571

Temp Date Time ^{3/} 210L

VOID: RFI
12 08/01/22 09:07

Subject Name

Subject I.D.

RFI

Operator Name, I.D.
Rev 503 200255 9/24/22

Location

2501 W. Medina

AS IV Serial no: 087965
Version no: 532B

TEST RECORD 00572

Temp Date Time ^{3/} 210L

Air Blank:
08/01/22 09:09 .000
Subject Test: Auto
25 08/01/22 09:09 .000

Subject Name

Subject I.D.

Blank

Operator Name, I.D.
Rev 503 200255 9/24/22

Location

2501 W. Medina



Airgas USA LLC (LAB)
3500 Barnard Street
St. Louis, Mo. 63103
Ph: (314) 533-3100
Fax: (314) 533-7328

Certificate of Analysis

Test Date: 14-Dec-2021

Customer Name
Exclusive Supplier
Intoximeters, Inc.
2081 Craig Road
St. Louis, Mo 63146

Lot # AG134807 Model 34

Exp Date
14-Aug-2023

Cyl. Type
34

Component
Ethanol
Nitrogen

Certified Concentration
0.100 ± 2% BrAC (272 ppm)

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

RGM Serial No.	Concentration
EB0010581	392.1 ppm
EB0010570	259.8 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

CRM Serial No.	Concentration
CC434668	800.0 ppm
CC234503	253.0 ppm

CRM Serial No.	Concentration
0056649	390.1 ppm
0056662	150.2 ppm

Analytical Method: NDIR

Digitally signed by: Quality Control
Reason: Dry gas standard certification of analysis
Location: Airgas USA LLC (Lab)
Date: 12.16.2021 14:30

Approved for Release:

Rod Marsala

ISO 17025:2017 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

2

PERMIT
TYPE II

JAMES N. REW

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 9/24/2020
NUMBER 200255
EXPIRES 9/24/2022
MO 580-0771 (8-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES
LAB-4 (R8-10)



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