



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 09/08/2022
LOCATION OF INSTRUMENT (STREET AND CITY) 2501 W. Mechanic		TIME OF INSPECTION 2:05 pm

**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 $\blacklozenge$ .100	TEST 2 $\blacklozenge$ .101	TEST 3 $\blacklozenge$ .101
-----------------------------	-----------------------------	-----------------------------

- 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
----------	---	---------	---	-----------	---	-----------	---	-----------	---	------------	---

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).

<b>INSPECTING OFFICER</b>	
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 00573

Temp Date Time <sup>9/</sup> 210L

Air Blank:  
09/08/22 14:17 .000  
Calibration Check:  
20 09/08/22 14:17 .100

Subject Name

Test 7

Subject I.D.

Operator Name, I.D.

Rew 200255 9/24/22

Location

2501 W. Medline

AS IV Serial no: 087965  
Version no: 532B

TEST RECORD 00574

Temp Date Time <sup>9/</sup> 210L

Air Blank:  
09/08/22 14:19 .000  
Calibration Check:  
20 09/08/22 14:19 .101

Subject Name

Test 2

Subject I.D.

Operator Name, I.D.

Rew 200255 9/24/22

Location

2501 W. Medline

AS IV Serial no: 087965  
Version no: 532B

TEST RECORD 00575

Temp Date Time <sup>9/</sup> 210L

Air Blank:  
09/08/22 14:21 .000  
Calibration Check:  
21 09/08/22 14:21 .101

Subject Name

Test 3

Subject I.D.

Operator Name, I.D.

Rew 200255 9/24/22

Location

2501 W. Medline

AS IV Serial no: 087965  
Version no: 532B

TEST RECORD 00576

Temp Date Time <sup>9/</sup> 210L

VOID: RFI  
12 09/08/22 14:23

Subject Name

Test RFI

Subject I.D.

Operator Name, I.D.

Rew 163 200255 9/24/22

Location

2501 W. Medline

AS IV Serial no: 087965  
Version no: 532B

TEST RECORD 00577

Temp Date Time <sup>9/</sup> 210L

Air Blank:  
09/08/22 14:25 .000  
Subject Test: Auto  
22 09/08/22 14:25 .000

Subject Name

Test Blank

Subject I.D.

Operator Name, I.D.

Rew 200255 9/24/22

Location

2501 W. Medline

# Airgas

Airgas USA LLC (USA)  
3500 Bernard 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
EB0010881	52.12 ppm

RGM Serial No.	Concentration
EB0010803	393.0 ppm
EB0010559	258.2 ppm
EB0010505	208.3 ppm
EB0010562	104.2 ppm
EB0010579	52.81 ppm

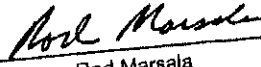
CRM Serial No.	Concentration
CC434668	800.0 ppm
CC234503	253.0 ppm

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.

*[Signature]*  
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*[Signature]*  
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES  
LAB-4 (R8-10)

DATE 9/24/2020  
NUMBER 200255  
EXPIRES 9/24/2022  
MO 680-0771 (8-10)



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.

*[Signature]*  
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*[Signature]*  
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES  
LAB-4 (R8-10)

DATE 9/24/2020  
NUMBER 200255  
EXPIRES 9/24/2022  
MO 680-0771 (8-10)