



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 094802	NAME OF AGENCY CLAY COUNTY SHERIFF'S OFFICE	DATE OF INSPECTION 05/04/2022
LOCATION OF INSTRUMENT (STREET AND CITY) 12 S. WATER STREET, LIBERTY, MO 64068		TIME OF INSPECTION 4:15 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 # 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 ← .100

TEST 2 ← .099

TEST 3 ← .099

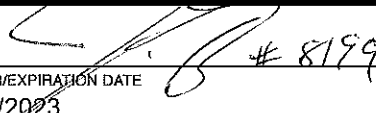
RFI DETECTOR OPERATING

**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)	1	(.10-.14)	4	(.15-.19)	3	(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 BUSH
TYPE II PERMIT NUMBER/EXPIRATION DATE 210324 - 12/21/2023	TELEPHONE NUMBER (816) 407-3702

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: 094802
Version no: 532B

TEST RECORD 01707

Temp Date Time ^{s/} 210L

Air Blank:
05/04/22 16:15 .000
Calibration Check:
20 05/04/22 16:15 .100

Subject Name
Monthly Maintenance

Subject I.D.
Test 1

Operator Name, I.D.
S. Bush #8199

Location
12 S. Water St.,
Liberty, MO

AS IV Serial no: 094802
Version no: 532B

TEST RECORD 01708

Temp Date Time ^{s/} 210L

Air Blank:
05/04/22 16:18 .000
Calibration Check:
21 05/04/22 16:18 .099

Subject Name
Monthly Maintenance

Subject I.D.
Test 2

Operator Name, I.D.
S. Bush #8199

Location
17 S. Water St.,
Liberty, MO

AS IV Serial no: 094802
Version no: 532B

TEST RECORD 01709

Temp Date Time ^{s/} 210L

Air Blank:
05/04/22 16:20 .000
Calibration Check:
21 05/04/22 16:20 .099

Subject Name
Monthly Maintenance

Subject I.D.
Test 3

Operator Name, I.D.
S. Bush #8199

Location
12 S. Water St.,
Liberty, MO

AS IV Serial no: 094802
Version no: 532B

TEST RECORD 01710

Temp Date Time ^{s/} 210L

VOID: PFI
12 05/04/22 16:23

Subject Name
Monthly Maintenance

Subject I.D.
Test - RFT

Operator Name, I.D.
S. Bush #8199

Location
12 S. Water St.,

Liberty, MO



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 108cadd

<u>Exp. Date</u>	<u>Cyl. Type</u>	<u>Component</u>	<u>Certified Concentration</u>
25-Jan-2023	108	Ethanol	0.100 ± 2% BrAC (272 ppm)
		Nitrogen	Balance

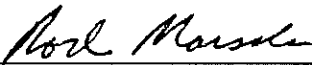
Certification Traceable to N.I.S.T. RGM and to CRM Ethanol Standards:

<u>RGM Serial No.</u>	<u>Concentration</u>	<u>RGM Serial No.</u>	<u>Concentration</u>
EB0010581	392.1 ppm	EB0010603	393.0 ppm
EB0010570	259.8 ppm	EB0010559	258.2 ppm
EB0010285	208.0 ppm	EB0010595	208.3 ppm
EB0010561	103.6 ppm	EB0010562	104.2 ppm
EB0010681	52.12 ppm	EB0010579	52.81 ppm

<u>CRM Serial No.</u>	<u>Concentration</u>	<u>CRM Serial No.</u>	<u>Concentration</u>
CC727481	800.0 ppm	CC727493	390.0 ppm
CC727496	253.0 ppm	CC727498	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



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

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PERMIT
TYPE II
JAMES S. BUSH

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 12/21/2021

NUMBER 210324

EXPIRES 12/21/2023

Laura E. Wray

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Donald A. Ramsey

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 BUSH, JAMES
 Permit No 210324
 Date Issued 12/21/2021 Date Expires 12/21/2023

