



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 097403/099.3586.830	NAME OF AGENCY Shrewsbury PD	DATE OF INSPECTION 02/14/2022
LOCATION OF INSTRUMENT (STREET AND CITY) 4400 Shrewsbury Ave, Shrewsbury		TIME OF INSPECTION 3:05 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 # AG012705 EXP. DATE 05/06/2022

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 → .082

TEST 3 → .081

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-.04)

(.05-.09)

(.10-.14)

(.15-.19)

(OVER .19)

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).

Send to the MO Safety Center for maintenance to correct unknown "RFI" issue. Device checked, recalibrated and returned to this agency. Instrument checked and operates according to DHSS rules and regulations.

**INSPECTING OFFICER**

SIGNATURE

*Zachery King*

PRINT NAME

Zachery King

TYPE II PERMIT NUMBER/EXPIRATION DATE

210209/09/14/2023

TELEPHONE NUMBER

(314) 647-5656

**Return completed report to the:** Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office by mail, fax, or email.

3

AS IU Serial no: 097403  
Version no: 532B

TEST RECORD 00625

Temp Date Time 210L

Air Blank: 02/14/22 15:26 .000  
Calibration Check: 22 02/14/22 15:26 .081

Subject Name TESTER  
Subject I.D. PO KING 12J  
Operator Name, I.D. SPD  
Location

RFI

AS IU Serial no: 097403  
Version no: 532B

TEST RECORD 00626

Temp Date Time 210L

VOID: RFI  
12 02/14/22 15:28

Subject Name TESTER  
Subject I.D. PO KING 12J  
Operator Name, I.D. SPD  
Location

2

AS IU Serial no: 097403  
Version no: 532B

TEST RECORD 00624

Temp Date Time 210L

Air Blank: 02/14/22 15:25 .000  
Calibration Check: 21 02/14/22 15:25 .082

Subject Name TESTER  
Subject I.D. PO KING 12J  
Operator Name, I.D. SPD  
Location

1

AS IU Serial no: 097403  
Version no: 532B

TEST RECORD 00623

Temp Date Time 210L

Air Blank: 02/14/22 15:23 .000  
Calibration Check: 20 02/14/22 15:23 .082

Subject Name TESTER  
Subject I.D. PO KING 12J  
Operator Name, I.D. SPD  
Location

# Airgas.

Airgas USA LLC (LAB)  
2600 Brentwood Blvd  
St. Louis, Mo. 63109  
P/c (314) 833-9100  
F/c (314) 833-7325

## Certificate of Analysis

**Customer Name**  
Exclusive Supplier  
Escometer, Inc.  
2081 Crisp Road  
St. Louis, Mo 63140

**Test Date:** 6-May-2022

**Lot #** AG012705 **Model** 55caod

**Iss. Date**  
6-May-2022

**Cril. Date**  
05

**Component**  
Ethanol  
Nitrogen

**Certified Concentration**  
0.000 ± 0.002 In/C (210 ppm)  
Balance

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

**CRM Serial No.**  
090010001  
090010070  
090010000  
090010001  
090010001

**Concentration**  
99.7 ppm  
99.6 ppm  
99.9 ppm  
100.0 ppm  
99.92 ppm

**CRM Serial No.**  
090010000  
090010000  
090010000  
090010000  
090010070

**Concentration**  
99.9 ppm  
99.9 ppm  
99.9 ppm  
99.9 ppm  
99.91 ppm

**CRM Serial No.**  
090010000  
090010000

**Concentration**  
99.9 ppm  
99.9 ppm

**CRM Serial No.**  
090010000  
090010000

**Concentration**  
99.9 ppm  
99.9 ppm

**Analytical Method:** NDIR

Quality Standard for Quality Control  
Date: 2019-05-23 10:17:42  
Issued by: [Signature]  
Customer Name: (SIA) LLC (LAB)

Approved for Release:

*[Signature]*  
Rod Marzala

ISO 17025:2005 A2LA accredited. Certificate Number 2082.09  
ISO 17031:2010 A2LA accredited. Certificate Number 2082.07



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



**PERMIT**  
**TYPE II**  
**ZACHERY KING**

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**

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 9/14/2021

NUMBER 210209

EXPIRES 9/14/2023

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (5-10)

LAB-4 (R6-1b)



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 KING, ZACHERY  
Permit No 210209  
Date issued 9/14/2021 Date Expires 9/14/2023

