



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
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- 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)
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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).

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 	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 IV Serial no: 097403  
Version no: 532B

TEST RECORD 00625 <sup>s/</sup>

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

2

AS IV Serial no: 097403  
Version no: 532B

TEST RECORD 00624 <sup>s/</sup>

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 12S

Operator Name, I.D.  
SPD

Location

1

AS IV Serial no: 097403  
Version no: 532B

TEST RECORD 00623 <sup>s/</sup>

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 12S

Operator Name, I.D.  
SPD

Location

RFI!

AS IV Serial no: 097403  
Version no: 532B

TEST RECORD 00626 <sup>s/</sup>

Temp Date Time 210L

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

Subject Name

TESTER

Subject I.D.

PO KING 12S

Operator Name, I.D.

SPD

Location

# Airgas.

Airgas USA LLC (LAB)  
3800 Bernard Street  
St. Louis, Mo. 63103  
Ph: (314) 633-3100  
Fax: (314) 633-7328

## Certificate of Analysis

**Customer Name**  
Exclusive Supplier  
Intedimeters, Inc.  
2081 Crisp Road  
St. Louis, Mo 63146

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

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

**Exp. Date**  
6-May-2022

**Std. Type**  
IS

**Component**  
Ethanol  
Nitrogen

**Certified Concentration**  
0.680 ± 0.002 InAC (210 ppm)  
Balance

Certification Traceable to NIST RGM and to CRM Ethanol Standards:

**RGM Serial No.**  
EB0010681  
EB0010678  
EB0010686  
EB0010681  
EB0010681

**Concentration**  
382.1 ppm  
388.8 ppm  
396.8 ppm  
183.8 ppm  
62.12 ppm

**RGM Serial No.**  
EB0010683  
EB0010688  
EB0010688  
EB0010682  
EB0010678

**Concentration**  
383.0 ppm  
388.2 ppm  
398.3 ppm  
184.2 ppm  
62.81 ppm

**CRM Serial No.**  
CC334863  
CC334863

**Concentration**  
688.0 ppm  
383.8 ppm

**CRM Serial No.**  
0466648  
0466682

**Concentration**  
390.1 ppm  
186.2 ppm

**Analytical Method:** NDIR

Quality Assured by Quality Center  
Ph: 314.633.7328  
Fax: 314.633.7328  
Responsible for your standard certification of analysis  
Location: Airgas USA LLC (LAB)

Approved for Release: \_\_\_\_\_

*Rod Marnala*  
Rod Marnala

ISO 17025:2005 A2LA accredited. Certificate Number 3082.04  
ISO 17034:2016 A2LA accredited. Certificate Number 3082.07



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

*Laura E. Wag*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 210209

*Donald S. Kamm*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

EXPIRES 9/14/2023

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

