



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
STATE PUBLIC HEALTH LABORATORY

**ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT**

RECEIVED  
BY: [unclear] DIVISION #1716am, Apr 20

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 04/06/2022
LOCATION OF INSTRUMENT (STREET AND CITY) 4400 Shrewsbury Ave, Shrewsbury		TIME OF INSPECTION 11:15 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 # 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  .079

TEST 2  .079

TEST 3  .079

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)	1
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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).

Time adjusted for daylight savings time

**INSPECTING OFFICER**

SIGNATURE

PRINT NAME  
P.O. 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.

RFI

3

2

1

AS IV Serial no: 097403  
Version no: 532B

TEST RECORD 00639<sup>s/</sup>

Temp Date Time 210L  
VOID: RFI  
12 04/06/22 23:12

Subject Name  
TESTER  
Subject I.D.  
123

Operator Name, I.D.  
PO KANG 123  
Location  
SPD

AS IV Serial no: 097403  
Version no: 532B

TEST RECORD 00642<sup>s/</sup>

Temp Date Time 210L  
Air Blank: 04/06/22 23:17 .000  
Calibration Check: 23 04/06/22 23:17 .079

Subject Name  
TESTER  
Subject I.D.  
123

Operator Name, I.D.  
PO KANG 123  
Location  
SPD

AS IV Serial no: 097403  
Version no: 532B

TEST RECORD 00641<sup>s/</sup>

Temp Date Time 210L  
Air Blank: 04/06/22 23:15 .000  
Calibration Check: 23 04/06/22 23:15 .079

Subject Name  
TESTER  
Subject I.D.  
123

Operator Name, I.D.  
PO KANG 123  
Location  
SPD

AS IV Serial no: 097403  
Version no: 532B

TEST RECORD 00640<sup>s/</sup>

Temp Date Time 210L  
Air Blank: 04/06/22 23:14 .000  
Calibration Check: 22 04/06/22 23:14 .079

Subject Name  
TESTER  
Subject I.D.  
123

Operator Name, I.D.  
PO KANG 123  
Location  
SPD

# Airgas.

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

## Certificate of Analysis

**Customer Name**  
Evolutive Supplier  
Intedimeters, Inc.  
2081 Craig Road  
St. Louis, Mo 63146

**Test Date:** 6-May-2020

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

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

**Ord. Item**  
85

**Component**  
Ethanol  
Nitrogen

**Certified Concentration**  
0.000 ± 0.002 InAC (216 ppm)  
Balance

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

RGM Serial No.	Concentration
EB0010001	202.1 ppm
EB0010070	200.8 ppm
EB0010096	200.8 ppm
EB0010001	193.5 ppm
EB0010001	62.12 ppm

RGM Serial No.	Concentration
EB0010000	203.0 ppm
EB0010000	200.2 ppm
EB0010000	200.3 ppm
EB0010002	194.2 ppm
EB0010070	62.01 ppm

CRM Serial No.	Concentration
CC434000	600.0 ppm
CC334000	203.0 ppm

CRM Serial No.	Concentration
6000040	600.1 ppm
6000002	196.2 ppm

**Analytical Method:** NDIR

Certified Traceable to Quality Control  
Ethanol: NIST SRM 1547a  
Nitrogen: 17 ppm standard (certification of analysis)  
Location: Airgas USA LLC (LAB)

Approved for Release:

*Rod Marsala*  
Rod Marsala

ISO 17025:2005 A2LA accredited. Certificate Number 3082.04  
ISO 17024:2016 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

NUMBER 210209

EXPIRES 9/14/2023

*Laura Q. Way*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Donald A. Kamm*

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

