



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 STATE PUBLIC HEALTH LABORATORY  
**ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT**

RECEIVED  
 05/11/2022 12:03 pm, Mh/JS

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 05/04/2022
LOCATION OF INSTRUMENT (STREET AND CITY) 4400 Shrewsbury Ave, Shrewsbury		TIME OF INSPECTION 10:15 am

**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 ← .081	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).

Instrument functioning properly per DHSS policies and guidelines

**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.

# Airgas.

Airgas USA LLC (LAB)  
3800 Bernard Street  
St. Louis, Mo. 63103  
Ph: (314) 633-3100  
Fax: (314) 633-7320

## Certificate of Analysis

**Customer Name**  
Exclusive Supplier  
Intedromers, Inc.  
2081 Craig Road  
St. Louis, Mo 63146

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

Lot # AG012705 Model 55cscd

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

**Crk. Type**  
B5

**Component**  
Ethanol  
Nitrogen

**Certified Concentration**  
0.680 ± 0.002 %v/v (216 ppm)  
Balance

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

CRM Serial No.	Concentration
EB0010601	392.1 ppm
EB0010670	298.8 ppm
EB0010686	206.9 ppm
EB0010661	163.8 ppm
EB0010661	62.12 ppm

CRM Serial No.	Concentration
EB0010600	393.0 ppm
EB0010688	298.2 ppm
EB0010695	208.2 ppm
EB0010662	164.2 ppm
EB0010679	62.81 ppm

CRM Serial No.	Concentration
CC234803	606.0 ppm
CC234803	283.0 ppm

CRM Serial No.	Concentration
0000448	390.1 ppm
0000662	160.2 ppm

**Analytical Method:** NDIR

Quality Control by Quality Control  
Date: 05/06/2022 09:40:00  
Reference: 0.7% gas standard, certification of analysis  
Location: Airgas USA LLC (LAB)

Approved for Release:

*Rod Marsala*  
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



**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 E. Way*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Donald S. Kawing*

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



**RECEIVED**

By Tracy Crews at 8:00 am, Sep 10, 2021

**APPROVED**

By Brian Lutmer at 3:59 pm, Sep 13, 2021



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

**APPLICATION FOR TYPE II PERMIT FOR OPERATION OF BREATH ALCOHOL ANALYZERS**

THIS APPLICATION IS FOR <input checked="" type="checkbox"/> NEW PERMIT <input type="checkbox"/> RENEWAL	CURRENT PERMIT NUMBER AND EXPIRATION DATE
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PRINT FULL NAME <b>ZACHERY DAVID KING</b>	TITLE <b>PATROLMAN</b>	AGE <b>26</b>
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A disclosure concerning your SSN number is available at:  
<http://www.health.mo.gov/lab/breathalcohol/>

DEPARTMENT OR TROOP <b>SHREWSBURY PD</b>	TELEPHONE <b>314 650 9482</b>
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BUSINESS ADDRESS (STREET, CITY, STATE, ZIP CODE) <b>4400 SHREWSBURY AVE, SHREWSBURY MO 63119</b>
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EMAIL ADDRESS <b>ZKING @CITY OF SHREWSBURY.COM</b>
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**LIST ALL ORIGINAL TRAINING COURSES FOR OPERATION OF BREATH ANALYZERS**  
(Also, please place a checkmark beside ALL breath analyzer(s) for which you are requesting a permit.)

DATES OF COURSE	LOCATION OF COURSE	COURSE LENGTH (HRS.)	NAME & MODEL OF BREATH ANALYZER	PLACE A CHECKMARK BESIDE INSTRUMENTS FOR WHICH YOU REQUEST	NAME OF INSTRUCTOR
08/30-9/14/21	MSC	36	TYPE II SUPERVISOR	<input type="checkbox"/>	LUTMER
9/18/2021	MSC	8	TYPE II AS-IV w/PRIMER	<input checked="" type="checkbox"/>	BOND
				<input type="checkbox"/>	
				<input type="checkbox"/>	

List the manufacturer and name of instruments for which you are currently performing maintenance reports on and the number of maintenance reports performed on EACH type in the last year. OK BML

MANUFACTURER AND NAME OF INSTRUMENT	NUMBER OF MAINTENANCE REPORTS	NUMBER OF SUBJECT TESTS
1.		
2.		
3.		

When adding a new instrument, you receive a new two (2) year permit. Therefore, normal renewal procedures apply for the instrument(s) on your current permit that you wish to transfer to the new permit. Disregarding these renewal procedures will result in a new permit for the new instrument only.

To renew a Type II Permit, the applicant shall have completed two (2) Maintenance Reports and shall have performed at least ten (10) tests on drinking subjects in the past year on each instrument for which renewal is requested. If these conditions are not met, or the permit has expired for more than thirty (30) days, the applicant shall perform two (2) Maintenance Reports and five (5) self-administered tests for each breath analyzer for which renewal is requested. Copies of the Maintenance Reports along with the Operational checklists and printouts for the five (5) self-administered tests shall accompany the application for renewal.

SIGNATURE OF APPLICANT <i>[Signature]</i>	DATE <b>9/18/2021</b>
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RETURN COMPLETED APPLICATION TO THE: Breath Alcohol Program, Missouri Department of Health and Senior Services  
Southeast District Office  
2875 James Blvd.  
Poplar Bluff, MO 63901

1

AS IV Serial no: 097403  
Version no: 532B

TEST RECORD 00643

Temp Date Time 210L  
9/

Air Blank: 05/04/22 10:16 .000  
Calibration Check: 21 05/04/22 10:16 .082

Subject Name  
TESTER

Subject I.D.  
123

Operator Name, I.D.  
PO KING 125

Location  
SPD

2

AS IV Serial no: 097403  
Version no: 532B

TEST RECORD 00644

Temp Date Time 210L  
9/

Air Blank: 05/04/22 10:17 .000  
Calibration Check: 21 05/04/22 10:17 .081

Subject Name  
TESTER

Subject I.D.  
123

Operator Name, I.D.  
SPD PO KING 125

Location  
SPD

3

AS IV Serial no: 097403  
Version no: 532B

TEST RECORD 00645

Temp Date Time 210L  
9/

Air Blank: 05/04/22 10:19 .000  
Calibration Check: 22 05/04/22 10:19 .081

Subject Name  
PO TEST

Subject I.D.  
123

Operator Name, I.D.  
PO KING 125

Location  
SPD

RFI

AS IV Serial no: 097403  
Version no: 532B

TEST RECORD 00646

Temp Date Time 210L  
9/

VOID: RFI  
12 05/04/22 10:20

Subject Name  
TESTER

Subject I.D.  
123

Operator Name, I.D.  
PO KING 125

Location  
SPD