



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

RECEIVED  
 BY: [unclear] DATE: 10/20/2022

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 10/20/2022
LOCATION OF INSTRUMENT (STREET AND CITY) 4400 Shrewsbury Ave, Shrewsbury		TIME OF INSPECTION 4:40 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 Inc LOT # AG211501 EXP. DATE 04/25/2025

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 ➡ 0.078	TEST 2 ➡ 0.078	TEST 3 ➡ 0.078
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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 is functioning properly according to DHSS policies and guidelines

**INSPECTING OFFICER**

SIGNATURE <i>Zachery King</i>	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.

AS IV Serial no: 097403  
Version no: 532B

TEST RECORD 00700 <sup>g/</sup>

Temp Date Time 210L

Air Blank:  
10/20/22 04:49 .000  
Calibration Check:  
20 10/20/22 04:49 .078

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 00699 <sup>g/</sup>

Temp Date Time 210L

Air Blank:  
10/20/22 04:47 .000  
Calibration Check:  
19 10/20/22 04:47 .078

Subject Name  
TESTER

Subject I.D.  
123

Operator Name, I.D.  
PO KING 125

Location  
SPD

1

AS IV Serial no: 097403  
Version no: 532B

TEST RECORD 00701 <sup>g/</sup>

Temp Date Time 210L

Air Blank:  
10/20/22 04:51 .000  
Calibration Check:  
21 10/20/22 04:51 .078

Subject Name  
TESTER

Subject I.D.  
123

Operator Name, I.D.  
PO KING 125

Location  
SPD

3

RFI!

AS IV Serial no: 097403  
Version no: 532B

TEST RECORD 00702 <sup>g/</sup>

Temp Date Time 210L

VOID: RFI  
12 10/20/22 04:52

Subject Name  
TESTER

Subject I.D.  
123

Operator Name, I.D.  
PO KING 125

Location  
SPD



**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:** 25-Apr-2022

**Lot #** AG211501 **Model** 108

<b>Exp Date</b>	<b>Cyl. Type</b>	<b>Component</b>	<b>Certified Concentration</b>
25-Apr-2024	108	Ethanol Nitrogen	0.080 ± 0.002 BrAC (218 ppm)

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

<b>RGM Serial No.</b>	<b>Concentration</b>	<b>RGM Serial No.</b>	<b>Concentration</b>
EB0010581	391.8 ppm	EB0010603	392.5 ppm
EB0010570	259.8 ppm	EB0010559	258.9 ppm
EB0010285	209.0 ppm	EB0010562	104.2 ppm
EB0010561	103.7 ppm	EB0010579	52.94 ppm
EB0010681	52.22 ppm		

<b>CRM Serial No.</b>	<b>Concentration</b>	<b>CRM Serial No.</b>	<b>Concentration</b>
CC727481	800.0 ppm	CC727493	390.0 ppm
CC727496	253.0 ppm	CC727498	150.0 ppm

**Analytical Method:** NDIR

Digitally signed by:Quality Control  
Reason:Dry gas standard certification of analysis  
Location:Airgas USA LLC (Lab)  
Date:04.28.2022 15:19

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

Rod Marsala

**ISO 17025:2017 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. Wag*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Donald S. 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

