



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 102457	NAME OF AGENCY COLUMBIA POLICE DEPARTMENT	DATE OF INSPECTION 10/14/2022
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LOCATION OF INSTRUMENT (STREET AND CITY) 600 E WALNUT ST., COLUMBIA	TIME OF INSPECTION 8:23 pm
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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.

<input checked="" type="checkbox"/> DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)
<input checked="" type="checkbox"/> TEMPERATURE OF ALCO SENSOR (10°C - 40°C)
<input checked="" type="checkbox"/> PRINTER WORKING PROPERLY
<input checked="" type="checkbox"/> TIME AND DATE DISPLAYING PROPERLY

BREATH ALCOHOL ACCURACY STANDARDS

<input type="checkbox"/> SIMULATOR SOLUTION	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>INTOXIMETERS</u> LOT # <u>AG209701</u> EXP. DATE <u>04/07/2024</u>	
<input type="checkbox"/> 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)

<input checked="" type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE
<input type="checkbox"/> 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE
<input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE

TEST 1 .103	TEST 2 .103	TEST 3 .103
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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	2	(0-.04)	(.05-.09)	(.10-.14)	2	(.15-.19)	1	(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).

DONE PER DHSS RULES AND REGULATIONS

INSPECTING OFFICER

SIGNATURE ▶	PRINT NAME JORDAN PAYNE
TYPE II PERMIT NUMBER/EXPIRATION DATE 210211 09/14/2023	TELEPHONE NUMBER (573) 874-7652

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

AS 10 Serial: 101 102457
Version: 101 5023

TEST 030000 21015

Temp Date Time 2102 %/

Alt 01000'

02/16/22 20:23 .000
Callibration Check
19 12/1/22 20:23 .100

Subject Name

Test

Subject ID

Operator Name: J.P.

Jordan Payne 2271
CORRECTION

AS 10 Serial: 101 102457
Version: 101 5023

TEST 030000 01017

Temp Date Time 2102 %/

Alt 01000'

02/16/22 20:25 .000
Callibration Check
19 12/1/22 20:25 .100

Subject Name

Test

Subject ID

Operator Name: J.P.

Jordan Payne 2271
CORRECTION

AS 10 Serial: 101 102457
Version: 101 5023

TEST 030000 01018

Temp Date Time 2102 %/

Alt 01000'

02/16/22 20:27 .000
Callibration Check
22 02/16/22 20:27 .100

Subject Name

Test

Subject ID

Operator Name: J.P.

Jordan Payne 2271
CORRECTION

AS 10 Serial: 101 102457
Version: 101 5023

TEST 030000 01019

Temp Date Time 2102 %/

Alt 01000'

02/16/22 20:28 .000
Callibration Check
22 02/16/22 20:28 .100

Subject Name

Test

Subject ID

Operator Name: J.P.

Jordan Payne 2271
CORRECTION

AS 10 Serial: 101 102457
Version: 101 5023

TEST 030000 01020

Temp Date Time 2102 %/

Alt 01000'

02/16/22 20:29 .000
Callibration Check
22 02/16/22 20:29 .100

Subject Name

Subject ID

Operator Name: J.P.

Test
self

Jordan Payne 2271
CORRECTION



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: 11-Apr-2022

Lot # AG209701 **Model** 108

Exp Date 7-Apr-2024	Cyl. Type 108	Component Ethanol Nitrogen	Certified Concentration 0.100 ± 2% BrAC (272 ppm)
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Certification Traceable to N.I.S.T. RGM and to CRM Ethanol Standards:

RGM Serial No.	Concentration	RGM Serial No.	Concentration
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		

CRM Serial No.	Concentration	CRM Serial No.	Concentration
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: 04.12.2022 16:30

Approved for Release: 
 Rod Marsela

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**

JORDAN PAYNE

is hereby authorized to install and operate operation, make alterations, repair, maintain, and test various and various, and operate the following breath alcohol device:

ALCO-SENSOR IV WITH PRINTER, INTOX DM7

for the determination of the alcoholic content of breath (per a sample inspired and expired) within the provisions of sections 557.010 through 557.040, 557.045 and 557.047 through 557.050.

DATE SEVERAL

NUMBER SEVERAL

EXPIRES SEVERAL

EXPIRES

James C. Day
 DIRECTOR OF BREATH ALCOHOL PROGRAMS

David M. Manning
 DIRECTOR OF BREATH ALCOHOL PROGRAMS

