



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 105445	NAME OF AGENCY Platte County Sheriff's Office	DATE OF INSPECTION 06/07/2022
LOCATION OF INSTRUMENT (STREET AND CITY) 415 Third Street, Platte City, Missouri 64079		TIME OF INSPECTION 9:48 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.

<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, Inc.</u>	LOT # <u>AG114002</u> EXP. DATE <u>05/20/2023</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 .099	TEST 2 .098	TEST 3 .098
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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) 2	(.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).

INSPECTING OFFICER

SIGNATURE 	PRINT NAME William Beeler
TYPE II PERMIT NUMBER/EXPIRATION DATE 220122 / 05-11-2024	TELEPHONE NUMBER (816) 858-3521

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: 105445
Version no: 532B

TEST RECORD 01129

Temp Date Time ^{g/} 210L

Air Blank:
06/07/22 21:48 .000
Calibration Check:
20 06/07/22 21:48 .099

Subject Name

Test 1

Subject I.D.

Operator Name, I.D.
W. Buh 220122
5/11/24

Location
415 Third St

Platte City MO

AS IV Serial no: 105445
Version no: 532B

TEST RECORD 01130

Temp Date Time ^{g/} 210L

Air Blank:
06/07/22 21:50 .000
Calibration Check:
21 06/07/22 21:50 .098

Subject Name

Test 2

Subject I.D.

Operator Name, I.D.
W. Buh 220122
5/11/24

Location
415 Third St

Platte City MO

AS IV Serial no: 105445
Version no: 532B

TEST RECORD 01131

Temp Date Time ^{g/} 210L

Air Blank:
06/07/22 21:52 .000
Calibration Check:
21 06/07/22 21:52 .098

Subject Name

Test 3

Subject I.D.

Operator Name, I.D.
W. Buh 220122
5/11/24

Location
415 Third St

Platte City MO

AS IV Serial no: 105445
Version no: 532B

TEST RECORD 01132

Temp Date Time ^{g/} 210L

Air Blank:
06/07/22 21:54 .000
Subject Test: Auto
22 06/07/22 21:54 .000

Subject Name

Sobu (Blank)

Subject I.D.

Operator Name, I.D.
W. Buh 220122
5/11/24

Location
415 Third St

Platte City MO

AS IV Serial no: 105445
Version no: 532B

TEST RECORD 01133

Temp Date Time ^{g/} 210L

VOID: RFI
12 06/07/22 21:56

Subject Name

RFI

Subject I.D.

Operator Name, I.D.
W. Buh 220122
5/11/24

Location
415 Third St

Platte City MO



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: 21-May-2021

Lot # AG114002 Model 108cacc

<u>Exp. Date</u>	<u>Cyl. Type</u>	<u>Component</u>	<u>Certified Concentration</u>
20-May-2023	108	Ethanol Nitrogen	0.100 ± 2% BrAC (272 ppm) Balance

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

<u>RGM Serial No.</u>	<u>Concentration</u>	<u>RGM Serial No.</u>	<u>Concentration</u>
EB0010581	392.1 ppm	EB0010603	393.0 ppm
EB0010570	259.8 ppm	EB0010559	258.2 ppm
EB0010285	208.0 ppm	EB0010595	208.3 ppm
EB0010561	103.6 ppm	EB0010562	104.2 ppm
EB0010681	52.12 ppm	EB0010579	52.81 ppm

<u>CRM Serial No.</u>	<u>Concentration</u>	<u>CRM Serial No.</u>	<u>Concentration</u>
CC434668	800.0 ppm	0056649	390.1 ppm
CC234503	253.0 ppm	0056662	150.2 ppm

Analytical Method: NDIR

Digitally signed by Quality Control
Date: 2021.05.21 11:39:32 -05:00
Reason: Dry gas standard certification of analysis
Location: Airgas USA LLC (Lab)

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**

WILLIAM BEELER

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, INTOX DMT

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 5/11/2022

NUMBER 220122

EXPIRES 5/11/2024

Laura Q. Way

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Doreen E. Nicholson

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES



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 BEELER, WILLIAM
Permit No 220122
Date Issued 5/11/2022 **Date Expires** 5/11/2024

