



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 11/19/2022
LOCATION OF INSTRUMENT (STREET AND CITY) 415 Third Street, Platte City, Missouri 64079		TIME OF INSPECTION 9:20 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, Inc. LOT # AG114002 EXP. DATE 05/20/2023
- 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 $\leftarrow$ .099	TEST 2 $\leftarrow$ .099	TEST 3 $\leftarrow$ .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)	(.10-.14) 1	(.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).

After performing the maintenance, I adjusted the time due to daylight savings change.

**INSPECTING OFFICER**

SIGNATURE <i>William Beeler</i>	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 01164

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
11/19/22 22:20 .000  
Calibration Check:  
22 11/19/22 22:20 .099

Subject Name

Test 1

Subject I.D.

Operator Name, I.D.

W. Beeler <sup>220122</sup>  
5/11/2024

Location

415 Third St

Platte City MO

AS IV Serial no: 105445  
Version no: 532B

TEST RECORD 01165

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
11/19/22 22:22 .000  
Calibration Check:  
22 11/19/22 22:22 .099

Subject Name

Test 2

Subject I.D.

Operator Name, I.D.

W. Beeler <sup>220122</sup>  
5/11/2024

Location

415 Third St

Platte City MO

AS IV Serial no: 105445  
Version no: 532B

TEST RECORD 01166

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
11/19/22 22:24 .000  
Calibration Check:  
23 11/19/22 22:24 .098

Subject Name

Test 3

Subject I.D.

Operator Name, I.D.

W. Beeler <sup>220122</sup>  
5/11/2024

Location

415 Third St

Platte City MO

AS IV Serial no: 105445  
Version no: 532B

TEST RECORD 01167

Temp Date Time <sup>s/</sup> 210L

VOID: RFI  
12 11/19/22 22:25

Subject Name

RFI

Subject I.D.

Operator Name, I.D.

W. Beeler <sup>220122</sup>  
5/11/2024

Location

415 Third St

Platte City MO

AS IV Serial no: 105445  
Version no: 532B

TEST RECORD 01168

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
11/19/22 22:27 .000  
Subject Test: Auto  
24 11/19/22 22:27 .000

Subject Name

Blank Test

Subject I.D.

Operator Name, I.D.

W. Beeler <sup>220122</sup>  
5/11/2024

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** 108cadd

**Exp. Date**

20-May-2023

**Cyl. Type**

108

**Component**

Ethanol  
Nitrogen

**Certified Concentration**

0.100 ± 2% BrAC (272 ppm)  
Balance

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

**RGM Serial No.**

EB0010581

**Concentration**

392.1 ppm

EB0010570

259.8 ppm

EB0010285

208.0 ppm

EB0010561

103.6 ppm

EB0010681

52.12 ppm

**RGM Serial No.**

EB0010603

**Concentration**

393.0 ppm

EB0010559

258.2 ppm

EB0010595

208.3 ppm

EB0010562

104.2 ppm

EB0010579

52.81 ppm

**CRM Serial No.**

CC434668

**Concentration**

800.0 ppm

CC234503

253.0 ppm

**CRM Serial No.**

0056649

**Concentration**

390.1 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 P. Way*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Davea J. 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**

