



ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

RECEIVED

By Tracy Crews at 12:58 pm, Dec 12, 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 107972	NAME OF AGENCY Boone County Sheriff's Office	DATE OF INSPECTION 12/08/2022
LOCATION OF INSTRUMENT (STREET AND CITY) 2111 E County Drive, Columbia, MO 65202		TIME OF INSPECTION 3:03 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 # AG231902 EXP. DATE 11/15/2024

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 • .098

TEST 2 • .097

TEST 3 • .097

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).

INSPECTING OFFICER

SIGNATURE 	PRINT NAME Brandon Baker
TYPE II PERMIT NUMBER/EXPIRATION DATE 220237, 09/26/2024	TELEPHONE NUMBER (573) 875-1111

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

46 IV Serial no. 167972
Revision no. 3026

TEST METHOD 06052
Run Date Run Time
Run Date Run Time
Air Blank
12/08/72 11:35 AM
Calibration Check
25 12/08/72 11:45 AM
24 12/08/72 11:55 AM

Subject Blank
TEST 1
Subject In

Operator Name: L.P.
BAKER 220237
Location
2111 E COUNTRY DR

46 IV Serial no. 167972
Revision no. 3026

TEST METHOD 06053
Run Date Run Time
Run Date Run Time
Air Blank
12/08/72 11:35 AM
Calibration Check
25 12/08/72 11:45 AM
24 12/08/72 11:55 AM

TEST 2
Subject In

Operator Name: L.P.
BAKER 220237
Location
2111 E COUNTRY DR

46 IV Serial no. 167972
Revision no. 3026

TEST METHOD 06054
Run Date Run Time
Run Date Run Time
Air Blank
12/08/72 11:35 AM
Calibration Check
25 12/08/72 11:45 AM
24 12/08/72 11:55 AM

TEST 3
Subject In

Operator Name: L.P.
BAKER 220237
Location
2111 E COUNTRY DR

46 IV Serial no. 167972
Revision no. 3026

TEST METHOD 06055
Run Date Run Time
Run Date Run Time
Air Blank
12/08/72 11:35 AM
Calibration Check
25 12/08/72 11:45 AM
24 12/08/72 11:55 AM

Subject In
PFI
Subject In

Operator Name: L.P.
BAKER 220237
Location
2111 E COUNTRY DR



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



PERMIT
TYPE II
BRANDON BAKER

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 9/26/2022

NUMBER 220237

EXPIRES 9/26/2024

Mike Massman

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Paula J. Nickelson

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 BAKER, BRANDON
 Permit No 220237
 Date Issued 9/26/2022 Date Expires 9/26/2024





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: 17-Nov-2022

Lot # AG231902 **Model** 108

Exp Date	Cyl. Type	Component	Certified Concentration
15-Nov-2024	108	Ethanol Nitrogen	0.100 ± 2% BrAC (272 ppm)

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:11.17.2022 20:17

Approved for Release: 
Rod Marsala

ISO 17025:2017 A2LA accredited. Certificate Number 3082.06
ISO 17034:2016 A2LA accredited. Certificate Number 3082.07