



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 107985	NAME OF AGENCY Sparta Police Department	DATE OF INSPECTION 11/16/2022
LOCATION OF INSTRUMENT (STREET AND CITY) Nixa Police Department		TIME OF INSPECTION 10:14 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 ACS LOT # 202205A EXP. DATE 05/17/2024
- SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0 SIM. SN MP 5537 SIM. NIST EXP DATE 07/11/2023

- 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  .100	TEST 2  .100	TEST 3  .101
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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	(0-.04)	0	(.05-.09)	0	(.10-.14)	0	(.15-.19)	0	(OVER .19)	0
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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 403	PRINT NAME Sgt J. Barton
TYPE II PERMIT NUMBER/EXPIRATION DATE 210015 02/01/2023	TELEPHONE NUMBER (417) 725-2510

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

# Sparta Police Department

## Calibration Check slip's

AS IV Serial no: 107985  
Version no: 532B

TEST RECORD - REPRINT

TEST RECORD 01334

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

Air Blank:  
11/16/22 22:14 .000  
Calibration Check:  
20 11/16/22 22:14 .100

Subject Name

TEST 1  
Subject I.D.

Operator Name, I.D.

403  
Location  
Nixa P.D.

Version no: 532B

TEST RECORD 01334

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

Air Blank:  
11/16/22 22:14 .000  
Calibration Check:  
20 11/16/22 22:14 .100

Subject Name

TEST 1  
Subject I.D.

Operator Name, I.D.

403  
Location  
Nixa P.D.

AS IV Serial no: 107985  
Version no: 532B

TEST RECORD 01335

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

Air Blank:  
11/16/22 22:16 .000  
Calibration Check:  
22 11/16/22 22:16 .100

Subject Name

TEST 2  
Subject I.D.

Operator Name, I.D.

403  
Location  
Nixa P.D.

AS IV Serial no: 107985  
Version no: 532B

TEST RECORD 01336

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

Air Blank:  
11/16/22 22:18 .000  
Calibration Check:  
22 11/16/22 22:18 .101

Subject Name

TEST 3  
Subject I.D.

Operator Name, I.D.

403  
Location  
Nixa P.D.

# Sparta Police Department

## RFI Evidence slip

AS IV Serial no: 107985  
Version no: 532B

TEST RECORD 01337

Temp Date Time 210L<sup>9/</sup>


VOID: RFI  
12 11/16/22 22:20

Subject Name

RFI

Subject I.D.

Operator Name, I.D.

 403  
Location

Nixa P.D.

# Sparta Police Department

## Blank (Zero) test Evidence slip

AS IV Serial no: 107985  
Version no: 532B

TEST RECORD 01338

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

Air Blank:  
11/16/22 22:28 .000  
Subject Test: Auto  
23 11/16/22 22:28 .000

Subject Name

BLANK

Subject I.D.

Operator Name, I.D.

 403

Location

Nixa P.D.

## Reference Material Certificate of Analysis

Product identification:	Alcohol Reference Solution (ARS)
CRM:	Ethanol in aqueous solution
Reference concentration:	<u>1.2100</u> g/L
Analytical concentration:	<u>1.2153</u> g/L
Batch size:	<u>2291</u> bottles
Lot number:	<u>202205A</u>
Date of production:	<u>2022.05.17</u> (yyyy.mm.dd)

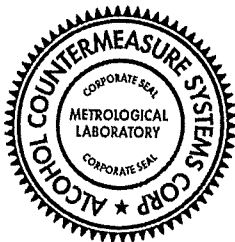
This certificate covers the production, analysis and certification of the Certified Reference Material (CRM) manufactured by Alcohol Countermeasure Systems Corp (ACS), located at 60 International Boulevard, Toronto, ON M9W 6J2 CANADA.

This metrology laboratory is accredited in accordance with international standards ISO/IEC 17025:2017 for competence of testing and calibration laboratories, and ISO/IEC 17034:2016 for the competence of reference material producers, demonstrating technical competence within the defined scope and the operation of a laboratory quality management system.

The analysis for certification of each lot of ARS is conducted within ACS forensic laboratory by an independent chemist using the direct injection, flame ionization gas chromatographic procedure coupled with the internal standard technique commensurate with forensic alcohol analysis.

This certificate is valid only for the ARS lot number identified above and does not extend to any other production lot of alcohol reference solution.

This certificate may only be reproduced in full.



For and on behalf of the company,  
ALCOHOL COUNTERMEASURE  
SYSTEMS CORP.

Felix JE Comeau, B.Sc (Honours)  
Laboratory Director



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



**PERMIT  
 TYPE II**

**JOSHUA C. BARTON**

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 2/1/2021

NUMBER 210015

EXPIRES 2/1/2023

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

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 BARTON, JOSHUA  
 Permit No 210015  
 Date Issued 2/1/2021 Date Expires 2/1/2023

