



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 STATE PUBLIC HEALTH LABORATORY  
**ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT**

**RECEIVED**  
 By Tracy Crews at 8:22 am, Aug 09, 2022

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 107992	NAME OF AGENCY 099.3586.825	DATE OF INSPECTION 08/04/2022
LOCATION OF INSTRUMENT (STREET AND CITY) 211 West Broadway Webb City, Missouri 64870		TIME OF INSPECTION 03:28 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**

<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>AG107601</u> EXP. DATE <u>03/17/2023</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)
  - 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 ← 0.100	TEST 2 ← 0.100	TEST 3 ← 0.099
----------------	----------------	----------------

- 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) 1	(.15-.19) 0	(OVER .19) 0
------------	-----------	-------------	-------------	-------------	--------------

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 Christopher Shonk
TYPE II PERMITS ALL EXPIRATION DATE 210136 / 06/30/2023	TELEPHONE NUMBER ( 417 ) 673-1911

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: 107992  
Version no: 532B

TEST RECORD 01366

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

Air Blank:  
08/04/22 03:28 .000  
Calibration Check:  
20 08/04/22 03:28 .100

Subject Name

TEST #1

Subject I.D.

Operator Name, I.D.

Sgt. C. Shock #210136

Location

WCPD

AS IV Serial no: 107992  
Version no: 532B

TEST RECORD 01367

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

Air Blank:  
08/04/22 03:30 .000  
Calibration Check:  
21 08/04/22 03:30 .100

Subject Name

TEST #2

Subject I.D.

Operator Name, I.D.

Sgt. C. Shock #210136

Location

WCPD

AS IV Serial no: 107992  
Version no: 532B

TEST RECORD 01368

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

Air Blank:  
08/04/22 03:32 .000  
Calibration Check:  
22 08/04/22 03:32 .099

Subject Name

TEST #3

Subject I.D.

Operator Name, I.D.

Sgt. C. Shock #210136

Location

WCPD

AS IV Serial no: 107992  
Version no: 532B

TEST RECORD 01369

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

VOID: RFI  
12 08/04/22 03:34

Subject Name

RFI CHECK

Subject I.D.

Operator Name, I.D.

Sgt. C. Shock #210136

Location

WCPD

AS IV Serial no: 107992  
Version no: 532B

TEST RECORD 01370

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

Air Blank:  
08/04/22 03:35 .000  
Subject Test: Auto  
23 08/04/22 03:35 .000

Subject Name

Siber Sample

Subject I.D.

Operator Name, I.D.

Sgt. C. Shock #210136

Location

WCPD



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-Mar-2021

**Lot #** AG107601 **Model** 108cadd

<u>Exp. Date</u>	<u>Cyl. Type</u>	<u>Component</u>	<u>Certified Concentration</u>
17-Mar-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>
CC727481	800.0 ppm	CC727493	390.0 ppm
CC727496	253.0 ppm	CC727498	150.0 ppm

**Analytical Method:** NDIR

Approved for Release: \_\_\_\_\_

ISO 17025:2005 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**  
**CHRISTOPHER SHONK**

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

**INTOX DMT, INTOXILYZER 8000, ALCO-SENSOR IV W/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 6/30/2021

NUMBER 210136

EXPIRES 6/30/2023

MO 585-0771 (5-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (RS-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 SHONK, CHRISTOPHER  
Permit No 210136  
Date Issued 6/30/2021 Date Expires 6/30/2023