



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 107994	NAME OF AGENCY Claycomo Police Department	DATE OF INSPECTION 10/22/2022
LOCATION OF INSTRUMENT (STREET AND CITY) 115 E. 69 Highway, Claycomo, MO 64119		TIME OF INSPECTION 5:30 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**

<input type="checkbox"/> SIMULATOR SOLUTION	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>Intoximeters</u>	LOT # <u>AG109003</u> EXP. DATE <u>03/31/2023</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 ➡ .095	TEST 2 ➡ .095	TEST 3 ➡ .096
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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).

Instrument operating within MO DOHSS standards and guidelines.

\*\*\* Loaner unit from MO Safety Center \*\*\*

RECEIVED  
By Tracy Crews at 7:51 am, Oct 24, 2022

**INSPECTING OFFICER**

SIGNATURE  #118/162	PRINT NAME P.O. Jason Lederer
TYPE II PERMIT NUMBER/EXPIRATION DATE 210193 / 09/02/2023	TELEPHONE NUMBER (816) 452-4613

**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: 097407  
Version no: 532B

TEST RECORD 01886

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

Air Blank:  
10/22/22 17:40 .000  
Calibration Check:  
22 10/22/22 17:40 .095

Subject Name

TEST #1

Subject I.D.

Operator Name, I.D.

Location

no

AS IV Serial no: 097407  
Version no: 532B

TEST RECORD 01887

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

Air Blank:  
10/22/22 17:43 .000  
Calibration Check:  
23 10/22/22 17:43 .095

Subject Name

TEST #2

Subject I.D.

Operator Name, I.D.

Location

no

AS IV Serial no: 097407  
Version no: 532B

TEST RECORD 01888

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

Air Blank:  
10/22/22 17:44 .000  
Calibration Check:  
23 10/22/22 17:44 .096

Subject Name

TEST #3

Subject I.D.

Operator Name, I.D.

Location

no

AS IV Serial no: 097407  
Version no: 532B

TEST RECORD 01889

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

VOID: RFI  
12 10/22/22 17:46

Subject Name

RFI CK

Subject I.D.

Operator Name, I.D.

Location

no

AS IV Serial no: 097407  
Version no: 532B

TEST RECORD 01890

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

Air Blank:  
10/22/22 17:47 .000  
Subject Test: Auto  
24 10/22/22 17:47 .000

Subject Name

SAMPLE TEST

Subject I.D.

Operator Name, I.D.

LEDERER 118/162

Location

PERMIT # 210193

EXP DATE 09/02/2023





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: 31-Mar-2021

Lot # AG109003 Model 108cadc

<u>Exp. Date</u> 31-Mar-2023	<u>Cyl. Type</u> 108	<u>Component</u> Ethanol Nitrogen	<u>Certified Concentration</u> 0.100 ± 2% BrAC (272 ppm) Balance
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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

Digitally signed by Quality Control  
 Date: 2021.03.31 18:04:07 -05:00  
 Reason: Dry gas standard certification of analysis  
 Location: Airgas USA LLC (Lab)

Approved for Release:

Rod Marsala

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

2

**PERMIT  
 TYPE II**

**JASON A. LEDERER**

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 9/2/2021

NUMBER 210193

EXPIRES 9/2/2023

*Laura E. Day*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Donald A. Kamm*

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 LEDERER, JASON  
 Permit No 210193  
 Date Issued 9/2/2021 Date Expires 9/2/2023

