

**RECEIVED**

By Tracy Crews at 12:13 pm, Sep 14, 2022



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 <b>111638</b>	NAME OF AGENCY <b>Smithville Police Department</b>	DATE OF INSPECTION <b>09/13/2022</b>
LOCATION OF INSTRUMENT (STREET AND CITY) <b>107 W Main St, Smithville, MO 64089</b>		TIME OF INSPECTION <b>2006</b>

**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.

<input checked="" type="checkbox"/> DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)
<input checked="" type="checkbox"/> TEMPERATURE OF ALCO SENSOR (10°C - 40°C)
<input checked="" type="checkbox"/> PRINTER WORKING PROPERLY
<input checked="" type="checkbox"/> 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>AG113801</u> EXP. DATE <u>05/18/2023</u>	
<input type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) _____ SIM. SN _____ SIM. NIST EXP DATE _____	
<input checked="" type="checkbox"/> 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)	
<input checked="" type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE	
<input type="checkbox"/> 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE	
<input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE	

TEST 1  0.099	TEST 2  0.098	TEST 3  0.097
---------------	---------------	---------------

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)
----------	---------	-----------	-----------	-----------	------------

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 <b>Daniel Gearhart</b>
TYPE II PERMIT NUMBER/EXPIRATION DATE <b>2200126 05/11/2024</b>	TELEPHONE NUMBER <b>( 816)532-0500</b>

**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: 111638  
Version no: 532B

TEST RECORD 00102

Temp	Date	Time	s/ 210L
------	------	------	------------

Air Blank:  
09/13/22 20:06 .000  
Calibration Check:  
21 09/13/22 20:06 .099

Subject Name

TEST

Subject I.D.

#1

Operator Name, I.D.

GEARHART 220126

Location

107 W MAIN ST

SMITHVILLE, MO 64089

AS IV Serial no: 111638  
Version no: 532B

TEST RECORD 00103

Temp	Date	Time	s/ 210L
------	------	------	------------

Air Blank:  
09/13/22 20:08 .000  
Calibration Check:  
22 09/13/22 20:08 .098

Subject Name

TEST

Subject I.D.

#2

Operator Name, I.D.

GEARHART 220126

Location

107 W MAIN ST

SMITHVILLE, MO 64089

AS IV Serial no: 111638  
Version no: 532B

TEST RECORD 00104

Temp	Date	Time	s/ 210L
------	------	------	------------

Air Blank:  
09/13/22 20:11 .000  
Calibration Check:  
23 09/13/22 20:11 .097

Subject Name

TEST

Subject I.D.

#3

Operator Name, I.D.

GEARHART 220126

Location

107 W MAIN ST

SMITHVILLE, MO 64089

AS IV Serial no: 111638  
Version no: 532B

TEST RECORD 00105

Temp	Date	Time	s/ 210L
------	------	------	------------

VOID: RFI  
12 09/13/22 20:13

Subject Name

TEST - RFI

Subject I.D.

#4

Operator Name, I.D.

GEARHART 220126

Location

107 W MAIN ST

SMITHVILLE, MO 64089



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: 18-May-2021

Lot # AG113801 Model 108caod

<u>Exp. Date</u> 18-May-2023	<u>Cyl. Type</u> 108	<u>Component</u> Ethanol Nitrogen	<u>Certified Concentration</u> 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>
CC434668	800.0 ppm	0056649	390.1 ppm
CC234503	253.0 ppm	0056662	150.2 ppm

Analytical Method: NDIR

Digitally signed by Quality Control  
 Date: 2021.05.19 13:49:52 -05:00  
 Reason: Dry gas standard certification of analysis  
 Location: Airgas USA LLC (Lab)

Approved for Release: Rod Marsala  
 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**  
**DANIEL GEARHART**

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 EC/IR II**

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 220126

EXPIRES 5/11/2024

*Laura G. Way*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*David J. Nickelson*

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 GEARHART, DANIEL  
 Permit No 220126  
 Date Issued 5/11/2022 Date Expires 5/11/2024

