



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 111654 | NAME OF AGENCY Platte County Sheriff's Office | DATE OF INSPECTION 03/22/2022 |
| LOCATION OF INSTRUMENT (STREET AND CITY) 415 Third Street, Platte City, Missouri 64079 | | TIME OF INSPECTION 10:47 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 Intoximeters, Inc. LOT # AG114002 EXP. DATE 05/20/2023

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 .103 | TEST 2 .101 | TEST 3 .100 |
|--------------|--------------|--------------|

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) 3 | (.05-.09) 3 | (.10-.14) 3 | (.15-.19) | (OVER .19) 3 |
|----------|-----------|-------------|-------------|-----------|--------------|

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 William Beeler |
| TYPE II PERMIT NUMBER/EXPIRATION DATE 200168/05-11-2022 | TELEPHONE NUMBER (816) 858-3521 |

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: 111654
Version no: 532B

TEST RECORD 00091

Temp Date Time ^{g/} 210L

Air Blank:
03/22/22 22:47 .000
Calibration Check:
21 03/22/22 22:47 .103

Subject Name

Test 1

Subject I.D.

Operator Name, I.D.
W. Beebe 200168
5/11/2022

Location

415 Third St

Platte City MO

AS IV Serial no: 111654
Version no: 532B

TEST RECORD 00092

Temp Date Time ^{g/} 210L

Air Blank:
03/22/22 22:48 .000
Calibration Check:
22 03/22/22 22:48 .101

Subject Name

Test 2

Subject I.D.

Operator Name, I.D.
W. Beebe 200168
5-11-22

Location

415 Third St

Platte City MO

AS IV Serial no: 111654
Version no: 532B

TEST RECORD 00093

Temp Date Time ^{g/} 210L

Air Blank:
03/22/22 22:50 .000
Calibration Check:
23 03/22/22 22:50 .100

Subject Name

Test 3

Subject I.D.

Operator Name, I.D.
W. Beebe 200168
5-11-22

Location

415 Third St

Platte City MO

AS IV Serial no: 111654
Version no: 532B

TEST RECORD 00094

Temp Date Time ^{g/} 210L

Air Blank:
03/22/22 22:52 .000
Subject Test: Auto
23 03/22/22 22:52 .000

Subject Name

Sober/Blank

Subject I.D.

Operator Name, I.D.
W. Beebe 200168
5-11-22

Location

415 Third St

Platte City MO

AS IV Serial no: 111654
Version no: 532B

TEST RECORD 00095

Temp Date Time ^{g/} 210L

VOID: RFI
12 03/22/22 22:53

Subject Name

RFI

Subject I.D.

Operator Name, I.D.
W. Beebe 200168
5-11-22

Location

415 Third St

Platte City MO



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: 21-May-2021

Lot # AG114002 **Model** 108cacd

Exp. Date

20-May-2023

Cyl. Type

108

Component

Ethanol
Nitrogen

Certified Concentration

0.100 ± 2% BrAC (272 ppm)
Balance

Certification Traceable to N.I.S.T. RGM and to CRM Ethanol Standards:

RGM Serial No.

EB0010581

EB0010570

EB0010285

EB0010561

EB0010681

Concentration

392.1 ppm

259.8 ppm

208.0 ppm

103.6 ppm

52.12 ppm

RGM Serial No.

EB0010603

EB0010559

EB0010595

EB0010562

EB0010579

Concentration

393.0 ppm

258.2 ppm

208.3 ppm

104.2 ppm

52.81 ppm

CRM Serial No.

CC434668

CC234503

Concentration

800.0 ppm

253.0 ppm

CRM Serial No.

0056649

0056662

Concentration

390.1 ppm

150.2 ppm

Analytical Method:

NDIR

Digitally signed by Quality Control
Date: 2021.05.21 11:39:32 -05:00
Reason: Dry gas standard certification of analysis
Location: Airgas USA LLC (Lab)

Approved for Release:

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

2

**PERMIT
 TYPE II**

WILLIAM BEELER

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 5/11/2020

NUMBER 200168

EXPIRES 5/11/2022

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 BEELER, WILLIAM
Permit No 200168
Date Issued 5/11/2020 **Date Expires** 5/11/2022