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By Tracy Crews at 7:47 am, Dec 27, 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 111654	NAME OF AGENCY Platte County Sheriff's Office	DATE OF INSPECTION 12/22/2022
LOCATION OF INSTRUMENT (STREET AND CITY) 415 Third Street, Platte City, Missouri 64079		TIME OF INSPECTION 8:20 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 • .097

TEST 2 • .096

TEST 3 • .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) 2	(.05-.09) 2	(.10-.14)	(.15-.19)	(OVER .19)
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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
William Beeler

PRINT NAME
William Beeler

TYPE II PERMIT NUMBER/EXPIRATION DATE
220122 / 05-11-2024

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 - REPRINT

TEST RECORD 00196

Temp Date Time ^{g/} 210L

Air Blank:
12/22/22 20:20 .000
Calibration Check:
21 12/22/22 20:20 .097

Subject Name

Test 1

Subject I.D.

Operator Name, I.D.

W. Beeler ²²⁰¹²²
5/11/2024

Location

415 Third St

Platte City Mo

AS IV Serial no: 111654
Version no: 532B

TEST RECORD 00197

Temp Date Time ^{g/} 210L

Air Blank:
12/22/22 20:22 .000
Calibration Check:
22 12/22/22 20:22 .096

Subject Name

Test 2

Subject I.D.

Operator Name, I.D.

W. Beeler ²²⁰¹²²
5/11/2024

Location

415 Third St

Platte City Mo

AS IV Serial no: 111654
Version no: 532B

TEST RECORD - REPRINT

TEST RECORD 00198

Temp Date Time ^{g/} 210L

Air Blank:
12/22/22 20:33 .000
Calibration Check:
23 12/22/22 20:33 .097

Subject Name

Test 3

Subject I.D.

Operator Name, I.D.

W. Beeler ²²⁰¹²²
5/11/2024

Location 415 Third St

Platte City Mo

AS IV Serial no: 111654
Version no: 532B

TEST RECORD 00199

Temp Date Time ^{g/} 210L

VOID: RFI
12 12/22/22 20:36

Subject Name

RFI

Subject I.D.

Operator Name, I.D.

W. Beeler ²²⁰¹²²
5/11/2024

Location

415 Third St

Platte City Mo

AS IV Serial no: 111654
Version no: 532B

TEST RECORD 00200

Temp Date Time ^{g/} 210L

VOID: TIME OUT
5 12/22/22 20:38

Subject Name

Time Out

Subject I.D.

Operator Name, I.D.

W. Beeler ²²⁰¹²²
5/11/2024

Location

415 Third St

Platte City Mo

AS IV Serial no: 111654
Version no: 532B

TEST RECORD 00201

Temp Date Time ^{g/} 210L

VOID: TIME OUT
5 12/22/22 20:42

Subject Name

Time Out

Subject I.D.

Operator Name, I.D.

W. Beeler ²²⁰¹²²
5/11/2024

Location

415 Third St

Platte City Mo

AS IV Serial no: 111654

Version no: 532B

TEST RECORD 00202

9/

Temp Date Time 210L

Air Blank:

12/22/22 20:44 :000

Subject Test: Auto

25 12/22/22 20:44 :000

Subject Name

Blank

Subject I.D.

Operator Name, I.D.

W. Beale 220122

5/11/2024

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 108cadd

<u>Exp. Date</u>	<u>Cyl. Type</u>	<u>Component</u>	<u>Certified Concentration</u>
20-May-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>
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: 2021.05.21 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 5/11/2022

Laura P. Day

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 220122

EXPIRES 5/11/2024

David J. Nielson

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 **220122**
 Date Issued **5/11/2022** Date Expires **5/11/2024**

