



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 111655	PRINTER SN 09B.3589.464	DATE OF INSPECTION 02/11/2022
LOCATION OF INSTRUMENT (STREET AND CITY) 115 E. 69 Highway, Claycomo, MO 64119		TIME OF INSPECTION 9:14 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)	SIMULATOR SN _____ SIMULATOR 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 ← .100	TEST 2 ← .100	TEST 3 ← .100
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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.

**INSPECTING OFFICER**

SIGNATURE <i>Sgt Jeffrey Kirk #104</i>	PRINT NAME Sgt. Jeffrey Kirk # 104
TYPE II PERMIT NUMBER/EXPIRATION DATE 200130 / 03/09/2022	TELEPHONE NUMBER (816) 452-4613

**Return completed report to the:** Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office  
2875 James Boulevard  
Poplar Bluff, MO 63901

AS ID Serial no: 111635  
Version no: 532B

TEST RECORD 80948

Time Date Time 210L

Air Blank:  
02/11/22 19:25 .929  
Subject Test: Auto  
02/11/22 19:26 .182

Subject Name:  
Test #1

Operator Name: I.D. 200130

SGT. Jeffrey Kirk #104  
Claycomo P.D.

115 E US 69 Hwy

Claycomo, Mo 64119

AS ID Serial no: 111635  
Version no: 532B

TEST RECORD 80948

Time Date Time 210L

Air Blank:  
02/11/22 19:25 .800  
Subject Test: Auto  
02/11/22 19:26 .182

Subject Name:  
Test #2

Operator Name: I.D. 200130

SGT. Jeffrey Kirk #104  
Claycomo P.D.

115 E US 69 Hwy

Claycomo, Mo 64119

AS ID Serial no: 111635  
Version no: 532B

TEST RECORD 80948

Time Date Time 210L

Air Blank:  
02/11/22 21:25 .898  
Subject Test: Auto  
02/11/22 21:26 .128

Subject Name:  
Test #3

Operator Name: I.D. 200130

SGT. Jeffrey Kirk #104  
Claycomo P.D.

115 E US 69 Hwy

Claycomo, Mo 64119

AS ID Serial no: 111635  
Version no: 532B

TEST RECORD - REPRINT

TEST RECORD 80947

Time Date Time 210L

Air Blank:  
02/11/22 19:05 .808  
Subject Test: Auto  
02/11/22 19:05 .808

Subject Name:  
Self Test

Subject I.D.

Operator Name: I.D. 200130

SGT. Jeffrey Kirk #104  
Claycomo P.D.

115 E US 69 Hwy

Claycomo, Mo 64119

AS ID Serial no: 111635  
Version no: 532B

TEST RECORD 80948

Time Date Time 210L

Air Blank:  
02/11/22 19:05 .808  
Subject Test: Auto  
02/11/22 19:05 .808

Subject Name:  
RFI

Operator Name: I.D. 200130

SGT. Jeffrey Kirk #104  
Claycomo P.D.

115 E US 69 Hwy

Claycomo, Mo 64119



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 108cadd

Exp. Date  
31-Mar-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:

<u>RGM Serial No.</u>	<u>Concentration</u>
EB0010581	392.1 ppm
EB0010570	259.8 ppm
EB0010285	208.0 ppm
EB0010561	103.6 ppm
EB0010681	52.12 ppm

<u>RGM Serial No.</u>	<u>Concentration</u>
EB0010603	393.0 ppm
EB0010559	258.2 ppm
EB0010595	208.3 ppm
EB0010562	104.2 ppm
EB0010579	52.81 ppm

<u>CRM Serial No.</u>	<u>Concentration</u>
CC727481	800.0 ppm
CC727496	253.0 ppm

<u>CRM Serial No.</u>	<u>Concentration</u>
CC727493	390.0 ppm
CC727498	150.0 ppm

Analytical Method: NDIR

Digitally signed by Quality Control  
Date: 2021.03.31 18:04:07 -06:00  
Reason: Dry gas standard certification of analysis  
Location: Airgas USA LLC (Lab)

Approved for Release:

Rod Marsala  
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



PERMIT  
TYPE II

JEFFREY KIRK

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 3/9/2020

NUMBER 200130

EXPIRES 3/9/2022

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4, (HG-10)

MO 580-3771 (6-10)

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 from expired air in Missouri.*

Operator KIRK, JEFFREY  
Permit No 200130  
Date Issued 3/9/2020 Date Expires 3/9/2022