

RECEIVED

By Tracy Crews at 11:35 am, Aug 16, 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 111667 | NAME OF AGENCY Platte County Sheriff's Office | DATE OF INSPECTION 08/10/2022 |
| LOCATION OF INSTRUMENT (STREET AND CITY) 415 Third Street, Platte City, Missouri 64079 | | TIME OF INSPECTION 7:23 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 ← .101

TEST 2 ← .099

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) | (.05-.09) 2 | (.10-.14) 3 | (.15-.19) 1 | (OVER .19) 1 |
|----------|---------|-------------|-------------|-------------|--------------|

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

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: 111667
Version no: 532B

TEST RECORD 00611
Temp Date Time ^{g/} 210L

Air Blank:
08/10/22 19:23 .000
Calibration Check:
21 08/10/22 19:23 .101

Subject Name
Test 1
Subject I.D.

Operator Name, I.D. W. Beeler 220122 5/11/24

Location
415 Third St
Platte City MO

AS IV Serial no: 111667
Version no: 532B

TEST RECORD 00612
Temp Date Time ^{g/} 210L

Air Blank:
08/10/22 19:26 .000
Calibration Check:
22 08/10/22 19:26 .099

Subject Name
Test 2
Subject I.D.

Operator Name, I.D. W. Beeler 220122 5/11/24

Location
415 Third St
Platte City MO

AS IV Serial no: 111667
Version no: 532B

TEST RECORD 00613
Temp Date Time ^{g/} 210L

Air Blank:
08/10/22 19:27 .000
Calibration Check:
23 08/10/22 19:27 .097

Subject Name
Test 3
Subject I.D.

Operator Name, I.D. W. Beeler 220122 5/11/24

Location
415 Third St
Platte City MO

AS IV Serial no: 111667
Version no: 532B

TEST RECORD 00614
Temp Date Time ^{g/} 210L

VOID: RFI
12 08/10/22 19:29

Subject Name
RFI
Subject I.D.

Operator Name, I.D. W. Beeler 220122 5/11/24

Location
415 Third St
Platte City MO

AS IV Serial no: 111667
Version no: 532B

TEST RECORD 00615
Temp Date Time ^{g/} 210L

Air Blank:
08/10/22 19:31 .000
Subject Test: Auto
23 08/10/22 19:31 .000

Subject Name
Sober Sample
Subject I.D.

Operator Name, I.D. W. Beeler 220122 5/11/24

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** 108cacc

| <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

NUMBER 220122

EXPIRES 5/11/2024

Laura Q. Nay

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 BEELER, WILLIAM
 Permit No 220122
 Date Issued 5/11/2022 Date Expires 5/11/2024

