



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 STATE PUBLIC HEALTH LABORATORY  
**ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT**

**RECEIVED**

By Tracy Crews at 8:14 am, Jun 28, 2022

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>111763</b>	NAME OF AGENCY Saint Joseph Police Department	DATE OF INSPECTION 06/27/2022
LOCATION OF INSTRUMENT (STREET AND CITY) 501 Faraon Street, Saint Joseph MO. 64501		TIME OF INSPECTION 8:18 am

**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 \_\_\_\_\_ LOT # AG102503 EXP. DATE 01/25/2023

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 .094

TEST 2 .094

TEST 3 .094

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

John L. Foster

TYPE II PERMIT NUMBER/EXPIRATION DATE

.10197 Exp-09/09/2023

TELEPHONE NUMBER

(816) 596-8206

**Return completed report to the:** Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office by mail, fax, or email.

ASIV/WITH PRINTER MONTHLY MAINTENANCE REPORT, SAINT JOSEPH  
 POLICE DEPARTMENT 501 FARAON STREET ST. JOSEPH MO. 64501

AS IV Serial no: 111763  
 Version no: 532B  
 TEST RECORD 00349

Temp	Date	Time	9/ 210L
Air Blank:	06/27/22	08:18	.000
Calibration Check:	22 06/27/22	08:18	.094

Subject Name: Monthly Maintenance  
 Subject I.D.: Foster Jhn 28977  
 Operator Name, I.D.: SG1 Faraon St.  
 Location: Saint Joseph Mo 64501  
LEC

AS IV Serial no: 111763  
 Version no: 532B  
 TEST RECORD 00350

Temp	Date	Time	9/ 210L
VOID: RFI	12 06/27/22	08:18	

Subject Name: Monthly Maintenance  
 Subject I.D.: Foster Jhn 28977  
 Operator Name, I.D.: SG1 Faraon St.  
 Location: Saint Joseph Mo 64501  
LEC

AS IV Serial no: 111763  
 Version no: 532B  
 TEST RECORD 00351

Temp	Date	Time	9/ 210L
Air Blank:	06/27/22	08:20	.000
Calibration Check:	23 06/27/22	08:20	.094

Subject Name: Monthly Maintenance  
 Subject I.D.: Foster Jhn 28977  
 Operator Name, I.D.: SG1 Faraon St.  
 Location: St. Joe Mo 64501  
LEC

AS IV Serial no: 111763  
 Version no: 532B  
 TEST RECORD 00352

Temp	Date	Time	9/ 210L
Air Blank:	06/27/22	08:22	.000
Calibration Check:	24 06/27/22	08:22	.094

Subject Name: Monthly Maintenance  
 Subject I.D.: Foster Jhn 28977  
 Operator Name, I.D.: SG1 Faraon Street  
 Location: Saint Joseph Mo 64501  
LEC



Airgas USA LLC (LAB)  
 3500 Bernard Street  
 St. Louis, Mo. 63103  
 Ph: (314) 533-3100  
 Fax: (314) 533-7328

## Certificate of Analysis

Test Date: 27-Jan-2021

Customer Name  
Exclusive Supplier  
 Intoximeters, Inc.  
 2081 Craig Road  
 St. Louis, Mo 63146

Lot # AG102503 Model 108cacd

<u>Exp. Date</u> 25-Jan-2023	<u>Cyl. Type</u> 108	<u>Component</u> Ethanol Nitrogen	<u>Certified Concentration</u> 0.100 ± 2% BrAC (272 ppm) Balance
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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>
CC727481	800.0 ppm	CC727493	390.0 ppm
CC727496	253.0 ppm	CC727498	150.0 ppm

  

Analytical Method: NDIR

Digitally signed by Quality Control  
 Date: 2021.01.29 13:35:13 -06:00  
 Reason: Dry gas standard certification of analysis  
 Location: Airgas USA LLC (Lab)

Approved for Release:   
 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**

**JOHN L. FOSTER**

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 9/9/2021

NUMBER 210197

EXPIRES 9/9/2023

*Laura P. Wray*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Donald A. Kamm*

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 FOSTER, JOHN  
Permit No 210197  
Date Issued 9/9/2021 Date Expires 9/9/2023

