



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

**RECEIVED**  
 By Tracy Crews at 8:32 am, Dec 13, 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 111763	NAME OF AGENCY Saint Joseph Police Department	DATE OF INSPECTION 12/12/2022
LOCATION OF INSTRUMENT (STREET AND CITY) 501 Faraon Street, Saint Joseph MO. 64501		TIME OF INSPECTION 7:32 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 • .095

TEST 2 • .095

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)
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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).

Battery was showing low and replaced. All checked in good order after.

**INSPECTING OFFICER**

SIGNATURE 	PRINT NAME John L. Foster
TYPE II PERMIT NUMBER/EXPIRATION DATE 210197 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.

**SAINT JOSEPH POLICE DEPARTMENT MONTHLY MAINTENANCE REPORT ASIV-  
W/PRINTER**

<p>AS IV Serial no: 111763 Version no: 532B</p> <p>TEST RECORD 00411</p> <p>Temp Date Time 210L 9/</p> <p>UID: RFI 12 12/12/22 07:29</p> <p>Subject Name <u>Monthly Test</u></p> <p>Subject I.D. <u>Foster JDL- 28977</u></p> <p>Operator Name, I.D. <u>SO1 Torres Street</u></p> <p>Location <u>Saint Joseph no 64501</u></p> <p><u>LEC</u></p>	<p>AS IV Serial no: 111763 Version no: 532B</p> <p>TEST RECORD 00412</p> <p>Temp Date Time 210L 9/</p> <p>Air Blank: 12/12/22 07:32 .000</p> <p>Calibration Check: 22 12/12/22 07:32 .095</p> <p>Subject Name <u>Monthly Testing</u></p> <p>Subject I.D. <u>Foster JDL- 28977</u></p> <p>Operator Name, I.D. <u>SO1 Torres St.</u></p> <p>Location <u>Saint Joseph no 64501</u></p> <p><u>LEC</u></p>	<p>AS IV Serial no: 111763 Version no: 532B</p> <p>TEST RECORD 00413</p> <p>Temp Date Time 210L 9/</p> <p>Air Blank: 12/12/22 07:34 .000</p> <p>Calibration Check: 22 12/12/22 07:34 .095</p> <p>Subject Name <u>Monthly Test</u></p> <p>Subject I.D. <u>Foster JDL- 28977</u></p> <p>Operator Name, I.D. <u>SO1 Torres St.</u></p> <p>Location <u>Saint Joseph no 64501</u></p> <p><u>LEC</u></p>	<p>AS IV Serial no: 111763 Version no: 532B</p> <p>TEST RECORD 00414</p> <p>Temp Date Time 210L 9/</p> <p>Air Blank: 12/12/22 07:51 .000</p> <p>Calibration Check: 23 12/12/22 07:51 .094</p> <p>Subject Name <u>Monthly Testing</u></p> <p>Subject I.D. <u>Foster JDL 28977</u></p> <p>Operator Name, I.D. <u>SO1 Torres St</u></p> <p>Location <u>Saint Joseph no 64501</u></p> <p><u>LEC</u></p>
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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:** 27-Jan-2021

**Lot # AG102503 Model 108caccd**

<u>Exp. Date</u>	<u>Cyl. Type</u>	<u>Component</u>	<u>Certified Concentration</u>
25-Jan-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>
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 13:36:13 -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**



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 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 111763	NAME OF AGENCY Saint Joseph Police Department	DATE OF INSPECTION 11/10/2022
LOCATION OF INSTRUMENT (STREET AND CITY) 501 Faraon Street, Saint Joseph MO. 64501		TIME OF INSPECTION 2:55 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 Intoximeters	LOT # <u>AG102503</u> EXP. DATE <u>01/25/2023</u>
<input type="checkbox"/> 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)**  
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- 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE

TEST 1 ➡ .096	TEST 2 ➡ .095	TEST 3 ➡ .095
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RFI DETECTOR OPERATING

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<b>INSPECTING OFFICER</b>	
SIGNATURE 	PRINT NAME John L. Foster
TYPE II PERMIT NUMBER/EXPIRATION DATE 210197 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.



STATE OF MISSOURI  
DEPARTMENT OF HEALTH AND SENIOR SERVICES  
BREATH ALCOHOL PROGRAM

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**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

LAB-4 (R6-10)

MO 580-0771 (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 form of expired air in Missouri.*

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

