



**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 111767	NAME OF AGENCY Saint Joseph Police Department	DATE OF INSPECTION 06/23/2022
LOCATION OF INSTRUMENT (STREET AND CITY) 501 Faraon Street, Saint Joseph MO. 64501		TIME OF INSPECTION 10:48 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 ➔ .102

TEST 2 ➔ .101

TEST 3 ➔ .101

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

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.

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

AS IV Serial no: 111767 Version no: 532B TEST RECORD 00382 %/ Temp Date Time 210L VOID: RFI 12 06/23/22 10:48 Subject Name <u>Monthly Maint. error</u> Subject I.D. <u>Foster John 28977</u> Operator Name, I.D. <u>501 Faraon St</u> Location <u>Saint Joe mo 64501</u> LEC	AS IV Serial no: 111767 Version no: 532B TEST RECORD 00383 %/ Temp Date Time 210L Air Blank: 06/23/22 10:52 .000 Calibration Check: 22 06/23/22 10:52 .102 Subject Name <u>Monthly Maintenance</u> Subject I.D. <u>Foster John 28977</u> Operator Name, I.D. <u>501 Faraon</u> Location <u>St. Joe Mo</u>	AS IV Serial no: 111767 Version no: 532B TEST RECORD 00384 %/ Temp Date Time 210L Air Blank: 06/23/22 10:54 .000 Calibration Check: 22 06/23/22 10:54 .101 Subject Name <u>Monthly Maintenance</u> Subject I.D. <u>Foster John 28977</u> Operator Name, I.D. Location LEC	AS IV Serial no: 111767 Version no: 532B TEST RECORD 00385 %/ Temp Date Time 210L Air Blank: 06/23/22 10:56 .000 Calibration Check: 23 06/23/22 10:56 .101 Subject Name <u>Monthly Maintenance</u> Subject I.D. <u>Foster John 28977</u> Operator Name, I.D. <u>501 Faraon</u> Location LEC
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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

Test Date: 27-Jan-2021

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

**Lot # AG102503 Model 108cacc**

<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 13:36:13 -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**



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

*Laura Q. Wray*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 210197

*Donald A. Ramsey*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

EXPIRES 9/9/2023

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

