



**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 09/15/2022
LOCATION OF INSTRUMENT (STREET AND CITY) 501 Faraon Street, Saint Joseph MO. 64501		TIME OF INSPECTION 8:09 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 .098

TEST 2 .098

TEST 3 .099

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).

**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 FARAOON STREET ST. JOSEPH MO. 64501

AS IV Serial no: 111767  
 Version no: 532B

TEST RECORD 00396

Temp Date Time 210L

VOID: RFI  
 12 09/15/22 08:09

Subject Name

Subject I.D.

Operator Name, I.D.

Location

*Monthly Test*  
*501 Faraoon Street*  
*St. Joseph MO 64501*  
*LEC*

AS IV Serial no: 111767  
 Version no: 532B

TEST RECORD 00397

Temp Date Time 210L

Air Blank:  
 09/15/22 08:10 .000  
 Calibration Check:  
 21 09/15/22 08:10 .098

Subject Name

Subject I.D.

Operator Name, I.D.

Location

*Monthly Test*  
*Faraoon*  
*LEC*

AS IV Serial no: 111767  
 Version no: 532B

TEST RECORD 00398

Temp Date Time 210L

Air Blank:  
 09/15/22 08:12 .000  
 Calibration Check:  
 22 09/15/22 08:12 .098

Subject Name

Subject I.D.

Operator Name, I.D.

Location

*Monthly Test*  
*Faraoon*  
*LEC*

AS IV Serial no: 111767  
 Version no: 532B

TEST RECORD 00399

Temp Date Time 210L

Air Blank:  
 09/15/22 08:14 .000  
 Calibration Check:  
 22 09/15/22 08:14 .099

Subject Name

Subject I.D.

Operator Name, I.D.

Location

*Monthly Test*  
*I-Fosta, 25977*  
*St. Joseph*  
*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-2023

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

**Lot # AG102503 Model 108cacc**

Exp. Date  
 25-Jan-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: 2023.01.29 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



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

REPORT #7

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ALCO SENSOR IV SN 111767	NAME OF AGENCY Saint Joseph Police Department	DATE OF INSPECTION 08/18/2022
LOCATION OF INSTRUMENT (STREET AND CITY) 501 Faraon Street, Saint Joseph MO. 64501		TIME OF INSPECTION 11:23 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)

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STANDARD SUPPLIER Intoximeters LOT # AG102503 EXP. DATE 01/25/2023

SIMULATOR TEMPERATURE (34°C ± 0.2°C) SIM. SN SIM. NIST EXP DATE

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TEST 1  .103 TEST 2  .101 TEST 3  .099

RFI DETECTOR OPERATING

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 (DO NOT INCLUDE SELF-ADMINISTERED TESTS)**

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**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.



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 G. Wray*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Donald A. Ramsey*

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

