



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<br>062087 | PRINTER SN<br>03A.2436.036 | DATE OF INSPECTION<br>05/01/2024 |
|-----------------------------|----------------------------|----------------------------------|

|  |                                |
|--|--------------------------------|
| LOCATION OF INSTRUMENT (STREET AND CITY)<br>4001 NE Lakewood CT Lees Summit MO 64064 | TIME OF INSPECTION<br>12:39 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**

|   |  |
|---|--|
| <input type="checkbox"/> SIMULATOR SOLUTION                               | <input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE |
| <input checked="" type="checkbox"/> STANDARD SUPPLIER <u>Intoximeters</u> | LOT # <u>AG332001</u> EXP. DATE <u>11/16/2025</u>                  |
| <input type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) _____       | SIMULATOR SN _____ SIMULATOR 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 ← .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 | (0-.04) | 0 | (.05-.09) | 0 | (.10-.14) | 0 | (.15-.19) | 0 | (OVER .19) | 0 |
|----------|---|---------|---|-----------|---|-----------|---|-----------|---|------------|---|

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).

Instrument meets all DHSS standards and guidelines.

**INSPECTING OFFICER**

|  |                                       |
|--|---------------------------------------|
| SIGNATURE<br>  | PRINT NAME<br>Dep. S. Plain #101/0448 |
| TYPE II PERMIT NUMBER/EXPIRATION DATE<br>240048 02/08/2026 | TELEPHONE NUMBER<br>(816) 541-8017    |

**Return completed report to the:** Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office  
2875 James Boulevard  
Poplar Bluff, MO 63901



AS IV Serial no: 062087  
Version no: 532B

TEST RECORD 01226<sup>a/</sup>

Temp Date Time 210L

Air Blank: 05/01/24 12:39 .000

Calibration Check: 21 05/01/24 12:39 .101

Subject Name

*Monthly Maint.*

Subject I.D.

Operator Name, I.D.

*S.R. #14*

Location

*CHS*

AS IV Serial no: 062087  
Version no: 532B

TEST RECORD 01227<sup>a/</sup>

Temp Date Time 210L

Air Blank: 05/01/24 12:41 .000

Calibration Check: 22 05/01/24 12:41 .101

Subject Name

*Monthly Maint.*

Subject I.D.

Operator Name, I.D.

*S.R. #107*

Location

*CHS*

AS IV Serial no: 062087  
Version no: 532B

TEST RECORD 01228<sup>a/</sup>

Temp Date Time 210L

Air Blank: 05/01/24 12:44 .000

Calibration Check: 23 05/01/24 12:44 .101

Subject Name

*Monthly Maint.*

Subject I.D.

Operator Name, I.D.

*S.R. #107*

Location

*CHS*

AS IV Serial no: 062087  
Version no: 532B

TEST RECORD 01229<sup>a/</sup>

Temp Date Time 210L

VOID: RFI 12 05/01/24 12:47

Subject Name

*Monthly Maint.*

Subject I.D.

Operator Name, I.D.

*S.R. #107*

Location

*CHS*



**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:** 16-Nov-2023

**Lot # AG332001    Model 108**

|                 |                  |                     |                                |
|-----------------|------------------|---------------------|--------------------------------|
| <b>Exp Date</b> | <b>Cyl. Type</b> | <b>Component</b>    | <b>Certified Concentration</b> |
| 16-Nov-2025     | 108              | Ethanol<br>Nitrogen | 0.100 ± 2% BrAC (272 ppm)      |

**Certification Traceable to N.I.S.T. RGM and to CRM Ethanol Standards:**

| RGM Serial No. | Concentration | RGM Serial No. | Concentration |
|----------------|---------------|----------------|---------------|
| EB0010581      | 391.8 ppm     | EB0010603      | 392.5 ppm     |
| EB0010570      | 259.8 ppm     | EB0010559      | 258.9 ppm     |
| EB0010285      | 209.0 ppm     | EB0010562      | 104.2 ppm     |
| EB0010561      | 103.7 ppm     | EB0010579      | 52.94 ppm     |
| EB0010681      | 52.22 ppm     |                |               |

| CRM Serial No. | Concentration | CRM Serial No. | Concentration |
|----------------|---------------|----------------|---------------|
| CC727481       | 799.4 ppm     | CC727493       | 389.8 ppm     |
| CC727496       | 253.4 ppm     | CC727498       | 150.2 ppm     |

**Analytical Method:**    NDIR

Digitally signed by: Quality Control  
 Reason: Dry gas standard certification of analysis  
 Location: Airgas USA LLC (Lab)  
 Date: 11.20.2023 17:28



**Approved for Release:** \_\_\_\_\_  
 Yusef Woods

**ISO 17025:2017 A2LA accredited. Certificate Number 3082.06**  
**ISO 17034:2016 A2LA accredited. Certificate Number 3082.07**