



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

RECEIVED
 BY: [unclear] DATE: 07/15/2024

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 087965	NAME OF AGENCY Cass County Sheriff's Office	DATE OF INSPECTION 6/6/24
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LOCATION OF INSTRUMENT (STREET AND CITY) 2501 W. Mechanic, Harrisonville, MO	TIME OF INSPECTION 1500
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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>AG305102</u> EXP. DATE <u>02/20/2025</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)
 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 • <u>.102</u>	TEST 2 • <u>.102</u>	TEST 3 • <u>.102</u>
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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) <u>4</u>	(.05-.09) <u>4</u>	(.10-.14) <u>3</u>	(.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 Det. Cpl James Rew #563
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TYPE II PERMIT NUMBER/EXPIRATION DATE 220231 09/09/2024	TELEPHONE NUMBER (816) 380-5200
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Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office by mail, fax, or email.

AS IV Serial no: 087965
Version no: 532B

TEST RECORD 00774

Temp Date Time 210L

Air Blank:
06/06/24 15:12 .000
Calibration Check:
21 06/06/24 15:12 .102

Subject Name
Test 2
Subject I.D.

Operator Name, I.D.
Rev 563 220231 9/9/24
Location
2501 W. Medline

AS IV Serial no: 087965
Version no: 532B

TEST RECORD 00773

Temp Date Time 210L

Air Blank:
06/06/24 15:10 .000
Calibration Check:
20 06/06/24 15:10 .102

Subject Name
Test 7
Subject I.D.

Operator Name, I.D.
Rev 563 220231 9/9/24
Location
2501 W. Medline

AS IV Serial no: 087965
Version no: 532B

TEST RECORD 00775

Temp Date Time 210L

Air Blank:
06/06/24 15:15 .000
Calibration Check:
22 06/06/24 15:15 .102

Subject Name
Test 3
Subject I.D.

Operator Name, I.D.
Rev 563 220231 9/9/24
Location
2501 W. Medline

AS IV Serial no: 087965
Version no: 532B

TEST RECORD 00776

Temp Date Time 210L

VOID: RFI
12 06/06/24 15:17

Subject Name
Test RFI
Subject I.D.

Operator Name, I.D.
Rev 563 220231 9/9/24
Location
2501 Medline

AS IV Serial no: 087965
Version no: 532B

TEST RECORD 00777

Temp Date Time 210L

Air Blank:
06/06/24 15:18 .000
Subject Test: Auto
22 06/06/24 15:18 .000

Subject Name
Test Blank
Subject I.D.

Operator Name, I.D.
Rev 563 220231 9/9/24
Location
2501 W. Medline



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: 20-Feb-2023

Lot # AG305102 **Model** 108

Exp Date	Cyl. Type	Component	Certified Concentration
20-Feb-2025	108	Ethanol 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	800.0 ppm	CC727493	390.0 ppm
CC727496	253.0 ppm	CC727498	150.0 ppm

Analytical Method: NDIR

Digitally signed by:Quality Control
Reason:Dry gas standard certification of analysis
Location:Airgas USA LLC (Lab)
Date:02.20.2023 17:37

Approved for Release: _____

Rod Marsala

ISO 17025:2017 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
JAMES N. REW

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 9/9/2022

Laura Q. Wray

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 220231

Donald A. Korman

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

EXPIRES 9/9/2024