



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>097403/099.3586.830                                    | NAME OF AGENCY<br>Shrewsbury PD | DATE OF INSPECTION<br>08/04/2024 |
| LOCATION OF INSTRUMENT (STREET AND CITY)<br>4400 Shrewsbury Ave, Shrewsbury |                                 | TIME OF INSPECTION<br>9:48 am    |

**RECEIVED**  
By Tracy Crews at 12:00 pm, Aug 06, 2024

**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.

|                                                                                |  |
|--------------------------------------------------------------------------------|--|
| <input checked="" type="checkbox"/> DIGITAL READOUT (ALL ELEMENTS OPERATIONAL) |  |
| <input checked="" type="checkbox"/> TEMPERATURE OF ALCO SENSOR (10°C - 40°C)   |  |
| <input checked="" type="checkbox"/> PRINTER WORKING PROPERLY                   |  |
| <input checked="" type="checkbox"/> 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 Inc</u> | LOT # <u>414905</u> EXP. DATE <u>05/28/2026</u>                    |
| <input type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) _____           | 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)

|                                                                                                     |
|-----------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE            |
| <input checked="" type="checkbox"/> 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE |
| <input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE            |

|              |              |              |
|--------------|--------------|--------------|
| TEST 1  .077 | TEST 2  .078 | TEST 3  .078 |
|--------------|--------------|--------------|

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).

Instrument operating according to DHSS rules and regulations

**INSPECTING OFFICER**

|                                                            |                                    |
|------------------------------------------------------------|------------------------------------|
| SIGNATURE<br>                                              | PRINT NAME<br>Zachery King         |
| TYPE II PERMIT NUMBER/EXPIRATION DATE<br>230200-09/07/2025 | TELEPHONE NUMBER<br>(314) 647-5656 |

**Return completed report to the:** Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office by mail, fax, or email.

2

AS IV Serial no: 097403  
Version no: 532B

TEST RECORD 01026

Temp Date Time 210L

Air Blank: 08/04/24 09:43 .000  
Calibration Check: 21 08/04/24 09:43 .078

Subject Name

TESTER

Subject I.D.

123

Operator Name, I.D.

KING 175

Location

SPD

3

AS IV Serial no: 097403  
Version no: 532B

TEST RECORD 01027

Temp Date Time 210L

Air Blank: 08/04/24 09:45 .000  
Calibration Check: 21 08/04/24 09:45 .078

Subject Name

TESTER

Subject I.D.

123

Operator Name, I.D.

KING 175

Location

SPD

RFI!

AS IV Serial no: 097403  
Version no: 532B

TEST RECORD 01028

Temp Date Time 210L

VOID: RFI  
12 08/04/24 09:46

Subject Name

TESTER

Subject I.D.

123

Operator Name, I.D.

KING 175

Location

SPD

AS IV Serial no: 097403  
Version no: 532B

TEST RECORD 01025

Temp Date Time 210L

Air Blank: 08/04/24 09:42 .000  
Calibration Check: 20 08/04/24 09:42 .077

Subject Name

TESTER

Subject I.D.

123

Operator Name, I.D.

KING 175

Location

SPD



**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:** 29-May-2024

**Lot #** AG414905 **Model** 108

|                                |                         |                                         |                                                                |
|--------------------------------|-------------------------|-----------------------------------------|----------------------------------------------------------------|
| <b>Exp Date</b><br>28-May-2026 | <b>Cyl. Type</b><br>108 | <b>Component</b><br>Ethanol<br>Nitrogen | <b>Certified Concentration</b><br>0.080 ± 0.002 BrAC (218 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: 05.31.2024 07:02

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

**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**  
**ZACHERY KING**

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**

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 9/7/2023

*Mike Masman*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 230200

EXPIRES 9/7/2025

*David J. Nickelson*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

 **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 KING, ZACHERY  
Permit No 230200  
Date Issued 9/7/2023 Date Expires 9/7/2025

