

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

Tracy Craves at 7.2 t am, Sep 26, 2024

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

ALCO-OL.	10011111111111111							
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 102454	NAME OF AGENCY Monett Police	NAME OF AGENCY Monett Police Department			DATE OF INSPECTION 09/25/2024			
LOCATION OF INSTRUMENT (S 1901 E Cleveland Ave.	3				TIME OF INSPECTION 7:47 pm			
CHECKLIST: Place a mar where determined.) Unma	k in the box by each it	tem if found to be s	atisfactory or if oper	rating	within establish	ed limits.	(Write in observ	ed values
DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)								
✓ TEMPERATURE OF ALCO SENSOR (10°C - 40°C)								
PRINTER WORKING PROPERLY								
✓ TIME AND DATE DISPLAYING PROPERLY								
BREATH ALCOHOL ACC	CURACY STANDARI	os						
☐ SIMULATOR SOLUT	COMPRESSED ETHANOL-GAS MIXTURE							
STANDARD SUPPLIER Intoximeters			LOT # AG3332	03	EXP. DATE 11/28/2025			
☐ SIMULATOR TEMPE	SIM. SN		SIM. NIST EXP DATE					
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 • 0.101	Т	EST 2 - 0.100			TEST 3 🖛 0.	100		
☑ 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	(004) 0	(.0509) 3	(.1014)	1	(.1519)	2	(OVER .19)	2
List any new parts and of established limits (use of	lescribe any alteration her side if necessary)	, n or modification th	nat was made to re	estore	the instrument	to operat	te satisfactorily	and within
INSPECTING OFFICER					PRINT NAME			
SIGNATURE			Jalynn Harr					
TYPE II PERMIT NUMBER/EXPIRAT 220276 - 12/21/2024			TELEPHONE NUMBER (417) 235-4241					
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: 102454 Version no: 5328

THE WAR MIST!
9/
Temp Date Time 210L
Air Blank:

09/25/24 19:47 .000 Calibration Check: 18 09/25/24 19:47 .101

Subject Name
J. Harney
Subject I.D.

Test # 1 Operator Name, I.D.

220276

Location

MJC - 1901 E

Cleveland Ave. Monet, MO.

AS IV Serial no: 102454 Version no: 5074

TEST RECORD 00372

9/ Temp Date Time 210L

Air Blank: 09/25/24 19:49 .000 Calibration Check: 19 09/25/24 19:49 .100

Subject Name

Tesato I Harrier

Subject I.D.

Test #2

Operator Name, I.D.

220276

Location

MJC

AS IV Serial no: 102454 Version no: 5328

TEST RECORD 00373

Temp Date Time 210L
Air Blank:

09/25/24 19:51 .000 Calibration Check: 19 09/25/24 19:51 .100

Subject Name

J. Hainer
Subject I.D.

Test #3

Operator Mame, I.D.

220276

Location

MJC

AS IV Serial no: 102454 Version no: 532B

TEST RECURB 606377

Temp Date Time 210L

VOID: RFI 12 09/25/24 20:18

Subject Name

J. Harner

Subject 1.D.

Test #5

Operator Name, I.D.

220276

Location

MJC

AS IV Serial no: 102454 Version no: 532B

TEST RECURD 00375

Temp Date Time 210L

Air Blank: 09/25/24 19:58 .000

Calibration Check: 21 09/25/24 19:58 .000

Subject Name

Pensy J. Harver

Subject I.D.

Test #4

Operator Name, I.D.

220276

Location

MJC



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-Nov-2023

Lot # AG333203 Model 108

Exp Date 28-Nov-2025 Cyl. Type 108

Component Ethanol

Certified Concentration

Nitrogen

0.100 ± 2% BrAC (272 ppm)

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

Concentration RGM Serial No. 391.8 ppm EB0010581 EB0010570

259.8 ppm EB0010285 209.0 ppm EB0010561 103.7 ppm EB0010681

52.22 ppm

RGM Serial No.

392.5 ppm EB0010603 EB0010559 258.9 ppm

EB0010562 EB0010579 104.2 ppm 52.94 ppm

Concentration

CRM Serial No.

CC727481 CC727496 Concentration

799.4 ppm 253.4 ppm

CRM Serial No.

CC727493 CC727498

Concentration

389.8 ppm 150.2 ppm

Analytical Method: NDIR

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

JALYNN HARNER

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 d 577.020	etermination of the alcoholic content of blood through 577.041, RSMo and 306.111 throug	
DATE _	12/21/2022	Mile Masson DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER	220276	
EXPIRES	s 12/21/2024	DONE J. Nucleolism DIRECTOR OF DEPARTMENT OF HEALTH AND SERVICES
MO 580-0771 :	/R-101	DIRECTOR OF DECARTING 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 ai in Missouri.

Inerator

HARNER, JALYNN

Permit No 220276

022 Date Expires 12/21/2024

