

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVI STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENAN

RECEIVED

By Tracy Crews at 8:07 am, Aug 02, 2024

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.

Send copy to Department	of Health and Senior		ai in department me.		INOSECTION	
ALCO SENSOR IV SN		NAME OF AGENCY Platte County Sheriff's Office		08/01/	INSPECTION 2024	
105445	THE OFFICE	Platte County She	HIII'S Office		INSPECTION	
OCATION OF INSTRUMENT (STATE OF LAZA CIR,	KANSAS CITY			9:21 p		
CHECKLIST: Place a mark	in the box by each it	em if found to be satisf	actory or if operating v	vithin established limits	s. (Write in observed values	
where determined.) Unma	rked items must be o	orrected before using	nstrument.			
DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)						
✓ TEMPERATURE OF ALCO SENSOR (10°C - 40°C)						
PRINTER WORKING	PROPERLY					
TIME AND DATE DISPLAYING PROPERLY						
BREATH ALCOHOL ACC	URACY STANDARI	os				
☐ SIMULATOR SOLUT	ION	∠ COMPRESSED ETHANOL-GAS MIXTURE				
✓ STANDARD SUPPLII	ER Intoximeters, In	C L	OT # AG309501	EXP. DATE <u>04/05</u>	/2025	
☐ SIMULATOR TEMPE	RATURE (34°C ± 0.2	2°C) SIN	л. sn	SIM. NIST EX	XP 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 						
□ 0.040% STANDA				TEST 3 ☞ 0.097		
TEST 1 ● 0.099		TEST 2 0.098		12313 - 0.097		
☑ RFI DETECTOR OPERATING						
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: (DO NOT INCLUDE SELF-ADMINISTERED TESTS) (05.00) (10-14) (15-19) (OVER .19)						
REFUSALS	(004)	(.0509)	(.1014)	(.1519)		
List any new parts and destablished limits (use of	escribe any alteratio her side if necessary	n or modification that v	was made to restore	the instrument to ope	rate satisfactorily and within	

INSPECTING OFFICER	
The state of the s	PRINT NAME
TYPE II PERMIT NUMBER/EXPIDATION PATE 240092 04/12/2026	Daniel Gearhart
	TELEPHONE NUMBER
	(816) 858-3521
240092 04/12/2020	And Coming Southeast District Office

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: 195445 Version no: 532B

TEST RECORD 01330

Temp Date Time 210L Air Blank: 08/01/24 21:22 .000 Calibration Check: 20 08/01/24 21:22 .099

Subject Name

MAGRICANCE

Subject 1.D.

OUST HI

Operator Name, I.D.

GEARUART 240092

Location

11724 HW PLAZA CER

LANSAS CETT, ME

AS IV Serial no: 105445 Version no: 532B

TEST RECORD 01331

Temp Date Time 210L

Air Blank:

08/01/24 21:24 .000

Calibration Check: 21 08/01/24 21:24 .098

Subject Name

MAINTENANCE

Subject I.D.

TEST #2

Operator Name: I.D.

GEARMART 240012

Location

11724 NW PLAZA CIR

KANSAS CITY, MO

AS IV Serial no: 105445 Version no: 532B

TEST RECORD 01332

Temp Date Time 210L

Air Blank:

08/01/24 21:27 .000

Calibration Check: 22 08/01/24 21:27 .097

Subject Name

MAINTONANCES

Subject I.D.

TOST #3

Operator Name: I.D.

GEARUARY 240092

Location

11724 NW PLAZA COR

ILANSAS CETT, MO

TRINTER TONEOUT

Version no: 532B

TEST RECORD 01333

Time 210L Temp Date

VOID: RFI

12 08/01/24 21:28

Subject Name

MASNIGNANCE

Subject I.D.

Location

TUST HY RET

Operator Name: I.D.

GUARHART 240092

11724 NW PLAZA CAR

KANSAS CETY, INC

AS IV Serial no: 105445 Version no: 532B

TEST RECORD - REPRINT

TEST RECORD 01333

Temp Date Time 210L

VOID: RFI

12 08/01/24 21:28

Subject Name

MAINTENANCE

Subject I.D.

TEST #4

Operator Name, I.D.

GETRYARY 240092

Location

11724 NO PLAZA CITE

LANSAS CITY, M.



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: 5-Apr-2023

Lot # AG309501 Model 108

Exp Date 5-Apr-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:

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

CRM Serial No. CC727481

Concentration 800.0 ppm 253.0 ppm

CRM Serial No. CC727493

CC727498

Concentration 390.0 ppm

150.0 ppm

Analytical Method: NDIR

CC727496

Digitally signed by:Quality Control Reason:Dry gas standard certification of analysis Location:Airgas USA LLC (Lab) Date:04.05.2023 17:34

Approved for Release:

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

DANIEL GEARHART

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	Mile Masson
DATE	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 240092	Davla J. Nichelson
EXPIRES 4/12/2026	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R6-10)

