

# MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

#### ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

| - Harris  |                   |   |                                |                                   |                               |  |  |
|---|-------------------|---|--------------------------------|-----------------------------------|-------------------------------|--|--|
| Complete this report in d<br>Send copy to Departmen   |                   |   |                                |                                   | ever instrument is repaired.  |  |  |
| ALCO SENSOR IV SN<br>108264   |                   | NAME OF AGENCY Buckner Police Departmen |                                |                                   | FINSPECTION<br>2024           |  |  |
| LOCATION OF INSTRUMENT (: 315 S. Hudson St.   |                   | -                                       | -                              |                                   | NSPECTION                     |  |  |
| 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   |                   |   |                                |                                   |                               |  |  |
| SIMULATOR SOLUTION  |                   |   | COMPRESSED ETHANOL-GAS MIXTURE |                                   |                               |  |  |
| STANDARD SUPPLIER Intoximeters  LOT # AG407603 EXP. DATE 16 Mar 2026  |                   |   |                                |                                   |                               |  |  |
| SIMULATOR TEMPE   | ERATURE (34°C ± 0 | ).2°C) SII                              | M. SN                          | SIM. NIST EX                      | (P 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 •.100  |                   | TEST 2 • . 100                          |                                | TEST 3 <b>▼.100</b>               |                               |  |  |
| ✓ RFI DETECTOR OPE  | ERATING           |   |                                |                                   |                               |  |  |
| INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: (DO NOT INCLUDE SELF-ADMINISTERED TESTS)   |                   |   |                                |                                   |                               |  |  |
| REFUSALS  | (004)             | (.0509)                                 | (.1014) 1                      | (.1519)                           | (OVER .19)                    |  |  |
| List any new parts and d established limits (use off  |                   |   |                                | the instrument to opera           | ate satisfactorily and within |  |  |
| INSPECTING OFFICER  |                   |   |                                | DOINT MAKE                        |                               |  |  |
| SIGNATURE   |                   |   | PRINT NAME Richard Kendall     |                                   |                               |  |  |
| TYPE II PERMIT NUMBER/EXPIRATI  | ON DATE 24018     | 6 8-29-26                               |                                | TELEPHONE NUMBER ( 816 ) 650-3939 |                               |  |  |
| 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: 108264 Version no: 532B TEST RECORD 00674 9/ 2101 Time Date Temp Air Blank: 11/01/24 04:00 .000 Calibration Check: 23 11/01/24 04:00 .100 Subject Name TEST 1 Subject I.D. Test 1 Operator Name, I.D. 240186 R. Kewball Location

S. KIMBSOM

315

BPD

AS IV Serial no: 108264 Version no: 532B TEST RECORD 00675 Time 2101 Date Temp Air Blank: 11/01/24 04:02 .000 Calibration Check: 24 11/01/24 04:02 .100 Subject Name TEST 2 Subject I.D. TESTZ Operator Name, I.D. R. Kendare 240186

Location

3 KS

AS IV Serial no: 108264 Version no: 532B TEST RECORD 90676 210L Date Time Temp Air Blanka 11/01/24 04:03 .000 Calibration Check: 25 11/01/24 04:03 .100 Subject Name TEST 3 Subject I.D. TESC 3 Operator Name, I.D. 240186 Z. KENDAU Location 35 30

AS IV Serial no: 108264 Version no: 5328 TEST RECORD 99677 2101 Time Date Tem vold: RFI 12 11/01/24 04:05 Subject Name RET Subject 1.D. RFI Operator Name, I.D. 344 2. KENGAL Location

# **Airgas**

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: 18-Mar-2024

Lot # AG407603 Model 108

**Exp Date** 

Cyl. Type

Component

**Certified Concentration** 

16-Mar-2026

108

Ethanol Nitrogen  $0.100 \pm 2\%$  BrAC (272 ppm)

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

RGM Serial No. Concentration EB0010581 391.8 ppm EB0010570 259.8 ppm EB0010285 209.0 ppm EB0010561 103.7 ppm EB0010681 52.22 ppm

Concentration **RGM Serial No.** EB0010603 392.5 ppm EB0010559 258.9 ppm EB0010562 104.2 ppm EB0010579 52.94 ppm

**CRM Serial No.** CC727481

Concentration 799.4 ppm 253.4 ppm

**CRM Serial No.** CC727493

CC727498

Concentration 389.8 ppm 150.2 ppm

Analytical Method: NDIR

CC727496

Digitally signed by:Quality Control Reason:Dry gas standard certification of analysis Location:Argas USA LLC (Lab) Data:03.22.2024 07:48

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

## RICHARD L. KENDALL

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 alceholic content of blood from a sample 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo. |  |
|---|--|
| DATE8/29/2024   | Mile Mason   |
| UAIE  | DIRECTOR OF STATE PUBLIC HEALTH LABORATORY           |
| NUMBER 240186   | Danea J. Michaelson                                  |
| EXPIRES 8/29/2026   | toward ! ( coolso                                    |
| P.O. FOR OTTY (6 40)  | 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 at in Missouri.

Operator KENDALL, RICHARD

Permit No 240186

Date Expires 8/29/2026

