



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

**RECEIVED**  
 By Tracy Crews at 2:21 pm, Oct 11, 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 111318	NAME OF AGENCY Greene County Sheriff Office	DATE OF INSPECTION 10/04/2024
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LOCATION OF INSTRUMENT (STREET AND CITY) 5100 W Division St, Springfield	TIME OF INSPECTION 9:00 am
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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>AG331103</u> EXP. DATE <u>10/07/2025</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  .100	TEST 2  .100	TEST 3  .100
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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)	(.05-.09)	(.10-.14)	(.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).

<b>INSPECTING OFFICER</b>	
SIGNATURE 	PRINT NAME Colton Pendergrass
TYPE II PERMIT NUMBER/EXPIRATION DATE 240081 / 04-02-2026	TELEPHONE NUMBER (417) 868-4040

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

AF Form Serial no. 111318  
Version no. 532B

AF Form Serial no. 111318  
Version no. 532B

AF Form Serial no. 111318  
Version no. 532B

TEST RECORD 00744

TEST RECORD 00742

TEST RECORD 00744

Type Date Time 9/  
10/04/24 09:00 000

Type Date Time 9/  
10/04/24 09:00 000

Type Date Time 9/  
10/04/24 09:00 000

Air Blank:  
10/04/24 09:00 000  
Date/Time of Check:  
10/04/24 09:00 000

Air Blank:  
10/04/24 09:00 000  
Date/Time of Check:  
10/04/24 09:00 000

Air Blank:  
10/04/24 09:00 000  
Date/Time of Check:  
10/04/24 09:00 000

Subject Name  
**Test 1**  
Subject I.D.

Subject Name  
**Test 2**  
Subject I.D.

Subject Name  
**Test 3**  
Subject I.D.

Facility Name, I.D.  
**Copendergrass - 1668**  
Location  
**HQ**

Facility Name, I.D.  
**Copendergrass - 1668**  
Location  
**HQ**

Facility Name, I.D.  
**Copendergrass - 1668**  
Location  
**HQ**

AF Form Serial no. 111318  
Version no. 532B

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Version no. 532B

TEST RECORD 00744

TEST RECORD 00744

Type Date Time 9/  
10/04/24 09:00 000

Type Date Time 9/  
10/04/24 09:00 000

Air Blank:  
10/04/24 09:00 000  
Subject Test Auto  
10/04/24 09:00 000

VOID: RFI  
12 10/04/24 09:11

Subject Name  
**Sober**  
Subject I.D.

Subject Name  
**RFI**  
Subject I.D.

Facility Name, I.D.  
**Copendergrass - 1668**  
Location  
**HQ**

Facility Name, I.D.  
**Copendergrass - 1668**  
Location  
**HQ**



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: 8-Nov-2023

**Lot # AG331103 Model 108**

<b>Exp Date</b> 7-Nov-2025	<b>Cyl. Type</b> 108	<b>Component</b> Ethanol Nitrogen	<b>Certified Concentration</b> 0.100 ± 2% BrAC (272 ppm)
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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:11.09.2023 19:42

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

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**PERMIT**  
**TYPE II**  
**COLTON PENDERGRASS**

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 4/2/2024

*Mike Mason*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 240081

*Dave F. Nielsen*

EXPIRES 4/2/2026

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R6-10)

 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 PENDERGRASS, COLTON  
 Permit No 240081  
 Date Issued 4/2/2024 Date Expires 4/2/2026

