



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 111630	NAME OF AGENCY Miller County	DATE OF INSPECTION 11/14/2024
LOCATION OF INSTRUMENT (STREET AND CITY) 1999 Hwy 52, Tuscumbia		TIME OF INSPECTION 6:49 am

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 # AG231902 EXP. DATE 11/15/2024

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 .098%

TEST 2 .097%

TEST 3 .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)**

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).

Changed instrument time back one hour due to time change.

INSPECTING OFFICER

SIGNATURE <i>David Shoemaker #5312</i>	PRINT NAME David Shoemaker
TYPE II PERMIT NUMBER/EXPIRATION DATE 10/29/2026	TELEPHONE NUMBER (573) 369-2341

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



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: 17-Nov-2022

Lot # AG231902 **Model** 108

Exp Date 15-Nov-2024	Cyl. Type 108	Component Ethanol Nitrogen	Certified Concentration 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	800.0 ppm	CC727493	390.0 ppm
CC727496	253.0 ppm	CC727498	150.0 ppm

Analytical Method: NDIR

Digitally signed by:Quality Control
 Reason:Dry gas standard certification of analysis
 Location:Airgas USA LLC (Lab)
 Date:11.17.2022 20:17

Approved for Release: 
 Rod Marsala

ISO 17025:2017 A2LA accredited. Certificate Number 3082.06
 ISO 17034:2016 A2LA accredited. Certificate Number 3082.07

AS IV Serial no: 111630
Version no: 532B

TEST RECORD 01207

Temp Date Time ^{g/} 210L

Air Blank:
11/14/24 06:49 .000
Calibration Check:
19 11/14/24 06:49 .098

Subject Name

Test

Subject I.D.

1

Operator Name, I.D.

D. Shoemaker, 240233

Location

1999 Hwy 52

Tusculumbia

AS IV Serial no: 111630
Version no: 532B

TEST RECORD 01208

Temp Date Time ^{g/} 210L

Air Blank:
11/14/24 06:51 .000
Calibration Check:
21 11/14/24 06:51 .097

Subject Name

Test

Subject I.D.

2

Operator Name, I.D.

D. Shoemaker, 240233

Location

1999 Hwy 52

Tusculumbia

AS IV Serial no: 111630
Version no: 532B

TEST RECORD 01209

Temp Date Time ^{g/} 210L

Air Blank:
11/14/24 06:54 .000
Calibration Check:
22 11/14/24 06:54 .097

Subject Name

Test

Subject I.D.

3

Operator Name, I.D.

D. Shoemaker, 240233

Location

1999 Hwy 52

Tusculumbia

AS IV Serial no: 111630
Version no: 532B

TEST RECORD 01210

Temp Date Time ^{g/} 210L

VOID: RFI
12 11/14/24 06:55

Subject Name

Test

Subject I.D.

RFI

Operator Name, I.D.

D. Shoemaker 240233

Location

1999 Hwy 52

Tusculumbia



STATE OF MISSOURI
 DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BREATH ALCOHOL PROGRAM

2

PERMIT
TYPE II
DAVID SHOEMAKER

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 DMT

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 10/29/2024

Adam J. Pelti

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 240233

Paula J. Nickelson

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

EXPIRES 10/29/2026

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 SHOEMAKER, DAVID
 Permit No 240233
 Date Issued 10/29/2024 Date Expires 10/29/2026

