

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

RECEIVED By Tracy Crews at 10:03 am, Oct 04, 2024

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

446561-							
Complete this report in d Send copy to Departmen	uplicate at the time o t of Health and Senio	f the regular monthly or Services; retain origi	preventative maintena nal in department file	ance check, and whence	ever instrument is repaired.		
ALCO SENSOR IV SN		NAME OF AGENCY Platte County Sheriff's Office		10/03			
LOCATION OF INSTRUMENT (11724 NW PLAZA CIF	R, KANSAS CITY			11:27	•		
CHECKLIST: Place a ma	rk in the box by each	item if found to be satis	factory or if operating	within established limit	s. (Write in observed values		
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)							
TIME AND DATE DISPLAYING PROPERLY							
BREATH ALCOHOL AC	CURACY STANDAR	DS					
☐ SIMULATOR SOLUTION					TURE		
☑ STANDARD SUPPL	IER Intoximeters, Ir	nc I	_OT # <u>AG309501</u>	EXP. DATE <u>04/05</u>	/2025		
SIMULATOR TEMPERATURE (34°C ± 0.2°C) SIM. SN SIM. NIST EXP DATE							
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 ☞ 0.095		TEST 2 ☞ 0.095		TEST 3 ☞ 0.095			
☑ 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	(004)	(.0509)	(.1014)	(.1519)	(OVER .19)		
List any new parts and c established limits (use of			was made to restore	the instrument to oper	rate satisfactorily and within		
INSPECTING OFFICER							
SIGNATURES			PRINT NAME				
1 sont				Daniel Gearhart			
TYPE II PERMIT NUMBER/EXPIRATION DATE				TELEPHONE NUMBER			
240092 04/12/2026				(816) 858-3521			
Return completed repo	rt to the: Breath Al	cohol Program, MO Do	epartment of Health a	and Senior Services, So	outheast District Office		

by mail, fax, or email.

MASNIONANCE

Charles these T. I.

GUARHAPT 240092

1724 NW PLAZA CLTE

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TOST #2

GUARHART 240092

11724 NW PLAZA CAR

KANSAS CETT, MO

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11724 NU PLAZA CER

CANSAS CITI MC



Airgas USA LLC (LAB) 3500 Bernard Street St. Louis, Mo. 63103 Ph: (314) 533-3100 Fax: (314) 533-7328

Certificate of Analysis

Test Date: 5-Apr-2023

Customer Name

Exclusive Supplier Intoximeters, Inc. 2081 Craig Road St. Louis, Mo 63146

Lot # AG309501 Model 108

Exp Date

Cyl. Type

Component

Certified Concentration

108 5-Apr-2025

Ethanol 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 259.8 ppm EB0010570 209.0 ppm EB0010285 103.7 ppm EB0010561 EB0010681 52.22 ppm

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

CRM Serial No.

Concentration 800.0 ppm

CRM Serial No. CC727493

Concentration

CC727481 CC727496 253.0 ppm

CC727498

390.0 ppm 150.0 ppm

Analytical Method: NDIR

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

Approved for Release:

Roll Marsola

ISO 17034:2016 A2LA accredited. Certificate Number 3082.07

ISO 17025:2017 A2LA accredited. Certificate Number 3082.06



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 samp 577.020 through 577.041, RSMo and 306.111 through 306.119 R	le of expired air. Permit issued under the provisions of sections SMo. $ A A A A $				
DATE	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY				
NUMBER 240092	Davla I. Nichelson				
EXPIRES 4/12/2026	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES				

MO 580-0771 (6-10)

LAB-4 (A6-10)



