

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

RECEIVED By Brian Lutmer at 9:59 am, Nov 04, 2024

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

A ANTHONY								
Complete this report in du Send copy to Department	plicate at the time of Health and Seni	of the regular monthly p or Services; retain origi	oreventative main nal in department	tenance check, and file.				
ALCO SENSOR IV SN 111654		NAME OF AGENCY Platte County Sheriff's Office			11/03/2			
LOCATION OF INSTRUMENT (S		4:24 am						
CHECKLIST: Place a mar	k in the box by each	item if found to be satis	factory or if opera	ting within establish	ed limits.	(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)								
PRINTER WORKING PROPERLY								
☑ TIME AND DATE DIS	☑ TIME AND DATE DISPLAYING PROPERLY							
BREATH ALCOHOL ACC	CURACY STANDA	RDS						
☐ SIMULATOR SOLUTION ☐ COMPRESSED ETHANOL-GAS MIXTURE								
✓ STANDARD SUPPLI	STANDARD SUPPLIER Intoximeters, Inc. LOT # AG309501 EXP. DATE 04/05/2025							
			M. SN	SIM.	NIST EXF	P DATE		
☐ 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)								
less. Check the box c ✓ 0.100% STANDA 0.080% STANDA	orresponding to the ARD - MUST READ ARD - MUST READ	n. All three tests must be standard solution being BETWEEN 0.095% and BETWEEN 0.076% and BETWEEN 0.038% and	g used. (PRINTO d 0.105% INCLU d 0.084% INCLU	SIVE SIVE	and must	have a spread of .005 or		
TEST 1 ☞ 0.097		TEST 2 ☞ 0.097		TEST 3 ☞ 0.	TEST 3 ☞ 0.096			
☑ RFI DETECTOR OPE	RATING							
INDICATE THE NUMBER	R OF BREATH TES	STS IN THE FOLLOWIN	IG RANGES SIN	CE THE LAST MA	INTENAN	ICE REPORT:		
(DO NOT INCLUDE SEL	F-ADMINISTERED	TESTS)	w.	300		Ī		
REFUSALS	(004) 0	(.0509) 0	(.1014) 7	(.10.110)	2	(OVER .19) 1		
List any new parts and d	escribe any alterat	ion or modification that	was made to res	tore the instrument	to operat	te satisfactorily and within		
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).								
INCRECTING OFFICER								
INSPECTING OFFICER SIGNATURE		PRINT NAME						
50				Daniel Gearhart				
TYPE PERMIT NUMBER/EXPIRATION DATE 240092 04/12/2026				TELEPHONE NUMBER (816) 858-3521				
Return completed repo	rt to the: Breath /	Alcohol Program, MO De	epartment of Hea	Ith and Senior Serv	rices, Sou	theast District Office		
35		fax, or email.						

AS IV Serial no: 111654 Version no: 532B

TEST RECORD 00550

Temp Date Time 210L

Air Blank: 11/03/24 04:24 .000 Calibration Check: 19 11/03/24 04:24 .097

Subject Name

MAINTENANCE

Subject I.D.

7057 #/ Operator Name, I.D.

GERRHARY 240092 Location

11724 NW PLAZA CIR

Kamo

AS IV Serial no: 111654 Version no: 532B

TEST RECORD 00551

Temp Date Time 210L

Air Blank: 11/03/24 04:26 .000

Calibration Check: 20 11/03/24 04:26 .097

Subject Name

MATHITET PACE Subject I.D.

1551 #2

Operator Name, I.D.

Location

11724 NW PLAZA CITE

Kemo

AS IV Serial no: 111654 Version no: 532B

TEST RECORD 00552

Temp Bate Time 210L

Air Blank:

11/03/24 04:28 .000

Calibration Check: 21 11/03/24 04:28 .096

Subject Name

MATINTONANCE

Subject I.D.

Operator Name, I.D.

GEARHARY 240092

Location

11724 NW PLAZA CIOR

KCNO

AS IV Serial no: 111654 Version no: 532B

TEST RECORD 00553

Temp Date Time 210L

VOID: RFI

12 11/03/24 04:30

Subject Name

MASUTONANCE

Subject I.D.

TUST #4

Operator Name, I.D.

GEAFHART 240092

Location

11724 NW TLATA CER

Keno



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

Cyl. Type 108

Component Ethanol

Nitrogen

Certified Concentration 0.100 ± 2% BrAC (272 ppm)

5-Apr-2025

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

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

Roll Marsola

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 section
577.020 through 577.041, RSMo and 306.111 through 306.119 RSI	Mile Massur
DATE4/12/2024	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 240092	Daves I. Nichelson
EXPIRES 4/12/2026 —	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R6-10)

