

MISSOURI DEPARTMENT OF HEALTH AND SENIOR S STATE PUBLIC HEALTH LABORATORY

RECEIVED

By Tracy Crews at 9:34 am, Aug 26, 2024

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

	is i					
Complete this report in duplica Send copy to Department of H	te at the time of tealth and Senior	the regular monthly Services; retain orig	preventative mainter inal in department file	nance check, and w	henever instrument is repaired.	
ALCO SENSOR IV SN 111655	PRINTER SN 09B.3589.464				TE OF INSPECTION 8/20/2024	
LOCATION OF INSTRUMENT (STREE 115 E. 69 Highway, Clayco			W/RUA		1E OF INSPECTION 0:20 pm	
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.						
	LEMENTS OPERATIONAL)					
✓ TEMPERATURE OF ALCO	SENSOR (10°C - 40°C)					
PRINTER WORKING PRO	PERLY					
TIME AND DATE DISPLAY	NG PROPERLY					
BREATH ALCOHOL ACCURA	CY STANDARDS	3				
☐ SIMULATOR SOLUTION	☑ COMPRESSED ETHANOL-GAS MIXTURE					
STANDARD SUPPLIER IT	toximeters		_OT # AG309501	EXP. DATE 04	/05/2025	
SIMULATOR TEMPERATU	JRE (34°C ± 0.2°0	C) SIN	IULATOR SN	SIMULAT	OR EXP DATE	
less. Check the box corresponding to the corresponding of the corresponding to the correspond	AATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT) see tests using a standard solution. All three tests must be within ±5% of the standard value and must have a spread of .005 or neck the box corresponding to the standard solution being used. (PRINTOUT ATTACHED) 100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE 1040% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE 1040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE					
TEST 1 • .097	TES	ST 2 • .098		TEST 3 🕶 .098		
☑ 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 (004		0509)	(.1014)	(15-19) 0	(0) 1	
List any new parts and describ	e any alteration c	00.00)	1 '	((10.10)	(OVER .19) 1 perate satisfactorily and within	
established limits (use other side if necessary).						
Instrument operating within	MO DOHSS sta	andards and guide	lines.			
INSPECTING OFFICER	A.					
signature tella lu	telly live #104			PRINT NAME Lt. Jeffrey Kirk # 104		
TYPE II PERMIT NUMBERIE PRATION DATE 240065 03/07/2026	A CONTRACTOR OF THE PROPERTY O			TELEPHONE NUMBER (816) 452-4613		
Return completed report to th	turn completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office 2875 James Boulevard Poplar Bluff, MO 63901					
AO 580-1351 (6-10)	141	AN FOUAL CORPORTUNITAGE	TODAYATIVE ACTION OF THE PARTY			

AS IV Serial no: 111655 AS IV Serial no: 111655 Version no: 532B Version no: 532B TEST RECORD 01274 Temp Date Time 2101 Air Blank: Air Blank: 98/20/24 22:20 .000 Calibration Check: Calibration Check: 22 08/20/24 22:20 .**097** Subject Named Subject Name Subject I.D. Subject I.D. Operator Name: I.D.24005 Operator Name: I.D.240065 LT Jefflery Kirk # 104 LT. Jeffrey Kirk Hloy Location / Clay & mo PD Location Clarkomo 115 E US 69/14my 115 EUS 69 HWY Cla/com, no 64/19 AS IV Serial no: 11165\$ Version no: 532B TEST RECURD 81277 Date Time 2101 WOID: RFI 12 08/20/24 22:25 Subject Name Subject I.D. Operator Name, I.D.240065 LT Jeffray Kirk #1011 Location Claycoma P.D. 115 E US 69 HWY

Clay com, no 64/19

AS IV Serial no: 111655 Version no: 532B

TEST RECORD 01276

Time 210L Date Air Blank: 08/20/24 22:23 .000 Calibration Check: 23 08/20/24 22:23 .098

Subject Hame

TEST RECORD 01275

08/20/24 22:21 **.900**

22 08/20/24 22:21 .098

Date Time 210L

Subject I.D.

Operator Name: I.D.240065 LT Jeffrey Kirk Hloy

Location Claycom P.D.



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

Certificate of Analysis

Test Date: 5-Apr-2023

Lot # AG309501 Model 108

Exp Date 5-Apr-2025

Cyl. Type 108

Component Ethanol

Certified Concentration 0.100 ± 2% BrAC (272 ppm)

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

EB0010581 EB0010570 EB0010285 EB0010561 EB0010681

Customer Name Exclusive Supplier Intoximeters, Inc. 2081 Craig Road

St. Louis, Mo 63146

CRM Serial No. CC727481 CC727496

Analytical Method:

Concentration 391,8 ppm 259,8 ppm

209.0 ppm 103.7 ppm 52.22 ppm

Concentration 800,0 ppm 253.0 ppm

RGM Serial No. EB0010603

EB0010559 EB0010562 EB0010579

Concentration 392.5 ppm 258,9 ppm 104.2 ppm 52,94 ppm

CRM Serial No. CC727493

CC727498

Concentration

390.0 ppm 150.0 ppm

Digitally signed by: Quarty Control Reason: Dry gas sland and certification of analysis Locallon: Airgas USA (Lab)

Approved for Release:

IS 0 17025:2017 A2LA accredited. Certificate Number 3082.06 IS 17034:2016 A2LA accredited. Certificate Number 3082.07



MO 580-0771 (6-10)

STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES

BREATH ALCOHOL PROGRAM



PERMIT TYPE II JEFFREY KIRK

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 sections 577.020 through 577.041, R\$Mo and 306.111 through 306.119 R\$Mo.

DATE ____3/7/2024

NUMBER 240065

EXPIRES 3/7/2026

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Davla I. Nichelson

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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 KIRK, JEFFREY

Permit No 240065

Date Issued 3/7/2024 Date Expires 3/7/2026

