

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

RECEIVED By Tracy Crews at 8:35 am, Jun 10, 2024

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

A STATE OF THE STA						
Complete this report in du Send copy to Department	uplicate at the time of of Health and Senio	f the regular monthly រុ r Services; retain origii	preventative maintena nal in department file		enever instrument is repaired.	
ALCO SENSOR IV SN 111667		NAME OF AGENCY Platte County Sh	eriff's Office		of inspection 05/2024	
LOCATION OF INSTRUMENT (S 415 Third Street, Platte	STREET AND CITY)				of inspection 6 pm	
CHECKI IST: Diago a mar	k in the hov by each i	tem if found to be satis	factory or if operating	within established lin	mits. (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 OP	PERATIONAL)				
✓ TEMPERATURE OF	ALCO SENSOR (10°	°C - 40°C)				
PRINTER WORKING	PROPERLY					
TIME AND DATE DIS	SPLAYING PROPERI	LY				
BREATH ALCOHOL ACC	CURACY STANDARI	DS				
☐ SIMULATOR SOLUT			☑ COMPRESSE	D ETHANOL-GAS N	MIXTURE	
☑ STANDARD SUPPLI	ER Intoximeters, In	ICL	OT # AG309501	EXP. DATE <u>04/</u>	05/2025	
☐ SIMULATOR TEMPE	RATURE (34°C ± 0.2	2°C) SI	M. 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 ● 0.096	Т	EST 2 • 0.095		TEST 3 • 0.095		
☑ RFI DETECTOR OPE	ERATING					
INDICATE THE NUMBER	OF BREATH TEST	'S IN THE EOLI OWIN	IG RANGES SINCE	THE LAST MAINTE	NANCE REPORT:	
(DO NOT INCLUDE SEL			IG HANGES SINGE			
(BO NOT MOLODI GLI		1	T'	ľ	1	
REFUSALS	(004)	(.0509)	(.1014)	(.1519)	(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).						
INSPECTING OFFICER				W		
SIGNATURE		PRINT NAME Daniel Gearhart				
TYPE II PERMIT NUMBER/EXPIRATION DATE 240092 04/12/2026				TELEPHONE NUMBER (816) 858-3521		
Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office						
·	by mail fa	x. or email.				

AS IV Serial no: 111667 532B Version no:

LOUD

TEST RECORD 00909

Time Dat e Temp Air Blank: 06/05/24 19:06 .000 Callbration Check: 21 06/05/24 19:06 .096

Subject Name

Subject 1.D.

TB3T #1 Operator Name, I.D.

GEAPHART 240092

Locat ion

11724 NO PLAZA GER

KANSAS CATY, MO 64153

AS IV Serial no: 111667 Version no: 532B

TEST RECORD 00910

g/ Time 210L Dat e Temp

Air Blank: 06/05/24 19:08 .000 Calibration Check: 22 06/05/24 19:08 .095

Subject Name

Subject I.D.

7051 HZ

Operator Name, I.D.

240092 GISARHART Locat I on

11724 NW PLAZA CIE

KANSAS CETY, MO 64153

AS IV Serial no: 111667 Version no: 532B

TEST RECORD 00911

9/ 210L Dat e Time

Air Blank: 06/05/24 19:09 .000 Calibration Check: 22 06/05/24 19:09 .095

Subject Name

MARRIONACE Subject I.D.

Operator Name, I.D.

GEMPHART Z4009Z

Locat I on

11724 NW PLAZA CITA

EAUSHS CETY, NO 64153

AS IV Serial no: 111667 Version no: 532B

TEST RECORD 00912

Dat e Time

VOID: RFI 12 06/05/24 19:11

Subject Name

MAINTONANCE Subject I.D.

TOT #4 PFI Operator Name, I.D.

GUARHART 240092

Locat Ion

UTLY WO PLAZA PR

YANSAS CITT, NO 64153



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 5-Apr-2025

Cyl. Type 108 Component Ethanol Certified Concentration 0.100 ± 2% BrAC (272 ppm)

Nitroc

Nitrogen

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:04.05.2023 17:34

Approved for Release:

Rod Marsala

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 sections

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

MO 580-0771 (6-10)

LAB-4 (R6-10)

