

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

RECEIVED By Tracy Crews at 12:57 pm, Jul 19, 2024

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

4551-554							
Complete this report in du Send copy to Department	iplicate at the time of Health and Senio	of the regular monthly p or Services; retain origin	reventative maintena al in department file.	nce check, and	wheneve	er instrument is repaired.	
ALCO SENSOR IV SN 111667		NAME OF AGENCY Platte County Sheriff's Office			DATE OF INSPECTION 07/01/2024		
LOCATION OF INSTRUMENT (S 11724 NW PLAZA CIR			1:29 am				
CHECKLIST: Place a mar	k in the box by each	item if found to be satisf	actory or if operating	within establishe	ed limits.	(Write in observed values	
where determined.) Unma	rked 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, Inc. LOT # AG309501 EXP. DATE 04/05/2025						025	
SIMULATOR TEMPERATURE (34°C ± 0.2°C) SI			и. sn	SIM. NIST EXP DATE			
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 ☞ 0.098		TEST 2 ■ 0.098		TEST 3 0.097			
☑ RFI DETECTOR OPERATING							
INDICATE THE NUMBER	R OF BREATH TES	TS IN THE FOLLOWIN	G RANGES SINCE	THE LAST MAI	NTENAN	ICE REPORT:	
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 d	escribe any alteration	on or modification that v	vas made to restore	the instrument t	to operat	e 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).							
INSPECTING OFFICER							
SIGNATURE				PRINT NAME Daniel Gearhart			
TYPE-INFERMIT NUMBER/EXPINATION DATE				TELEPHONE NUMBER			
240092 04/12/2026				(816) 858-3521			
Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office by mail, fax, or email.							

AS IV Serial no: 111667 Version no: TEST RECORD 00926 Time 210L Dat e Temp Air Blank: 07/01/24 01:29 .000 Calibration Check: 20 07/01/24 01:29 .098 Subject Name Subject 1.D. TOST AI Operator Name, I.D. 240042 GLARHART Locat I on 11724 NU PLAZA CIR KANSAS CITY IMO

TEST RECORD 00927

Temp Date Time 210L

Air Blank:
07/01/24 01:32 .000

Calibration Check:
21 07/01/24 01:32 .098

Subject Name

MASUTEMANUE

Subject I.D.
TEST #Z

Operator Name, I.D.

GERAHART 240092

Location
11724 NW PLAZA CER

AS IV Serial no: 111667
Version no: 532B

TEST RECORD 00928

Temp Date Time 210L

Air Blank: 07/01/24 01:33 .000

Calibration Check: 22 07/01/24 01:33 .097

Subject Name

MALIVIERD NUCCE

Subject I.D.

TEST #3

Operator Name, I.D.

GERRHART 240042

Location

11724 NW PLAZA CLTL

VANSON CETY, MO

AS IV Serial no: 111667
Version no: 5328

TEST RECORD 00929

Temp Date Time 210L

VOID: RFI
12 07/01/24 01:35

Subject Name

MANDANNE

Subject I.D.

TEST HH - RFI

Operator Name. I.D.

GLARHART 24062

Location

11734 NN TLARA CFR



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)

Nitrogen

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

 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.Argas USA LLC (Lab) Date:04.05.2023 17:34

Approved for Release:

Rod Mareala

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

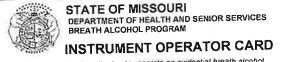
is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

ALCO-SENSOR IV WITH PRINTER

for the determination of the alcoholic content of blood from a san	nple of expired air. Permit issued under the provisions of section
577.020 through 577.041, RSMo and 306.111 through 306.119	Mike Massur
DATE4/12/2024	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 (R6-10)



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 GEARHART, DANIEL Permit No 240092

Date Issued 4/12/2024 Date Expires 4/12/2026

