



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 STATE PUBLIC HEALTH LABORATORY  
**ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT**

RECEIVED  
 by Tracy Green at 8:02 am, Nov 15, 2024

REPORT #7

Complete this report in duplicate at the time of the regular monthly preventative maintenance check, and whenever instrument is repaired. Send copy to Department of Health and Senior Services; retain original in department file.

|  |  |                                  |
|--|--|----------------------------------|
| ALCO SENSOR IV SN<br>111670  | NAME OF AGENCY<br>Vernon County Sheriff's Office | DATE OF INSPECTION<br>11/06/2024 |
| LOCATION OF INSTRUMENT (STREET AND CITY)<br>2040 E. Hunter St. Nevada, MO, 64772 |  | TIME OF INSPECTION<br>7:09 am    |

**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 DISPLAYING PROPERLY

**BREATH ALCOHOL ACCURACY STANDARDS**

- SIMULATOR SOLUTION  COMPRESSED ETHANOL-GAS MIXTURE
- STANDARD SUPPLIER Intoximeters LOT # AG310901 EXP. DATE 04/19/2025
- 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)  
 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 <i>080</i> | TEST 2 <i>079</i> | TEST 3 <i>079</i> |
|-------------------|-------------------|-------------------|

- 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-.04) | (.05-.09) | (.10-.14) | (.15-.19) | (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).

Time change

|  |                                    |
|--|------------------------------------|
| <b>INSPECTING OFFICER</b>                                  |                                    |
| SIGNATURE<br><i>Michael Weisensee</i>                      | PRINT NAME<br>Michael Weisensee    |
| TYPE II PERMIT NUMBER/EXPIRATION DATE<br>240061 02/28/2026 | TELEPHONE NUMBER<br>(417) 682-3546 |

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: 111670  
Version no: 532B

TEST RECORD 00510 s/  
Temp Date Time 210L

Air Blank:  
11/06/24 07:40 .000  
Calibration Check:  
20 11/06/24 07:40 .000

Subject Name

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 111670  
Version no: 532B

TEST RECORD 00511 s/  
Temp Date Time 210L

Air Blank:  
11/06/24 07:44 .000  
Calibration Check:  
21 11/06/24 07:44 .079

Subject Name

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 111670  
Version no: 532B

TEST RECORD 00512 s/  
Temp Date Time 210L

Air Blank:  
11/06/24 07:48 .000  
Calibration Check:  
21 11/06/24 07:48 .079

Subject Name

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 111670  
Version no: 532B

TEST RECORD 00513 s/  
Temp Date Time 210L

VOID: RFI  
12 11/06/24 07:49

Subject Name

Subject I.D.

Operator Name, I.D.

Location



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: 20-Apr-2023

**Lot # AG310901 Model 108**

|                                |                         |   |  |
|--------------------------------|-------------------------|---|--|
| <b>Exp Date</b><br>19-Apr-2025 | <b>Cyl. Type</b><br>108 | <b>Component</b><br>Ethanol<br>Nitrogen | <b>Certified Concentration</b><br>0.080 ± 0.002 BrAC (208 ppm) |
|--------------------------------|-------------------------|---|--|


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:04.20.2023 14:28

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**

**MICHAEL WEISENSEE**

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.

DATE 2/28/2024

NUMBER 240061

EXPIRES 2/28/2026

*Mike Massman*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Dave J. Nickelson*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES



**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 WEISENSEE, MICHAEL  
Permit No 240061  
Date Issued 2/28/2024 Date Expires 2/28/2026

