



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

RECEIVED
 By Tracy Crews at 12:03 pm, Aug 09, 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 111739	NAME OF AGENCY Lake Lotawana Police Department	DATE OF INSPECTION 08/06/2024
LOCATION OF INSTRUMENT (STREET AND CITY) 100 Lake Lotawana Road, Lake Lotawana, MO 64086		TIME OF INSPECTION 11:30 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.

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 # AG309501 EXP. DATE 04/05/2025

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 .096

TEST 2 .097

TEST 3 .097

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	(0-.04)	0	(.05-.09)	0	(.10-.14)	0	(.15-.19)	0	(OVER .19)	0
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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).

Instrument operating within MO DHSS standards and guidelines.

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 By Tracy Crews at 12:03 pm, Aug 09, 2024

INSPECTING OFFICER

SIGNATURE

[Handwritten Signature]
 4305

PRINT NAME

Ofc. Jason A. Lederer

TYPE II PERMIT NUMBER/EXPIRATION DATE

230201 / 09/07/2025

TELEPHONE NUMBER

(816) 578-4333

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: 111739
Version no: 532B

TEST RECORD 00651

Temp Date Time ^{s/} 210L

Air Blank:
08/06/24 23:37 .000
Calibration Check:
24 08/06/24 23:37 .096

Subject Name

TEST #1

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 111739
Version no: 532B

TEST RECORD 00652

Temp Date Time ^{s/} 210L

Air Blank:
08/06/24 23:38 .000
Calibration Check:
24 08/06/24 23:38 .097

Subject Name

TEST #2

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 111739
Version no: 532B

TEST RECORD 00653

Temp Date Time ^{s/} 210L

Air Blank:
08/06/24 23:40 .000
Calibration Check:
25 08/06/24 23:40 .097

Subject Name

TEST #3

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 111739
Version no: 532B

TEST RECORD 00654

Temp Date Time ^{s/} 210L

VOID: RFI
12 08/06/24 23:42

Subject Name

RFI CHECK

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 111739
Version no: 532B

TEST RECORD 00655

Temp Date Time ^{s/} 210L

Air Blank:
08/06/24 23:43 .000
Subject Test: Auto
25 08/06/24 23:43 .000

Subject Name

SAMPLE TEST

Subject I.D.

Operator Name, I.D.

LEADER #305

Location

PERMIT # 230201

EXP DATE 09/07/2025



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 Nitrogen	Certified Concentration 0.100 ± 2% BrAC (272 ppm)
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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

2

**PERMIT
 TYPE II**

JASON A. LEDERER

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 9/7/2023

NUMBER 230201

EXPIRES 9/7/2025

Mike Mason

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Paula J. Nielsen

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 LEDERER, JASON
 Permit No 230201
 Date Issued 9/7/2023 Date Expires 9/7/2025

