



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

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 09/09/2024
LOCATION OF INSTRUMENT (STREET AND CITY) 100 Lake Lotawana Road, Lake Lotawana, MO 64086		TIME OF INSPECTION 2:55 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.

<input checked="" type="checkbox"/> DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)
<input checked="" type="checkbox"/> TEMPERATURE OF ALCO SENSOR (10°C - 40°C)
<input checked="" type="checkbox"/> PRINTER WORKING PROPERLY
<input checked="" type="checkbox"/> TIME AND DATE DISPLAYING PROPERLY

**BREATH ALCOHOL ACCURACY STANDARDS**

<input type="checkbox"/> SIMULATOR SOLUTION	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>Intoximeters</u>	LOT # <u>AG309501</u> EXP. DATE <u>04/05/2025</u>
<input type="checkbox"/> 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)

<input checked="" type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE
<input type="checkbox"/> 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE
<input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE

TEST 1 ← .097	TEST 2 ← .097	TEST 3 ← .097
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RFI DETECTOR OPERATING

**INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: (DO NOT INCLUDE SELF-ADMINISTERED TESTS)**

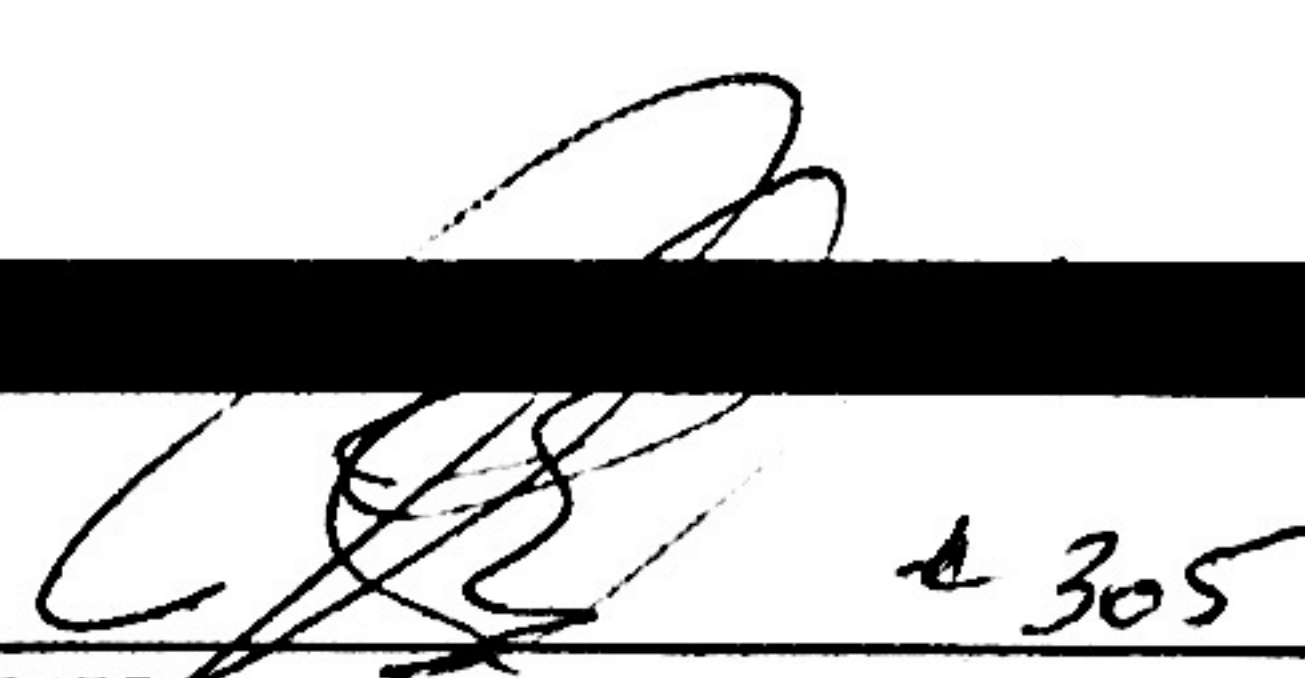
REFUSALS	0	(0-.04)	0	(.05-.09)	0	(.10-.14)	0	(.15-.19)	0	(OVER .19)	1
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List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary).

Instrument operating within MO DHSS standards and guidelines.

RECEIVED  
By Tracy Crews at 7:54 am, Sep 09, 2024

**INSPECTING OFFICER**

SIGNATURE 	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 00658

Temp Date Time <sup>a/</sup> 210L

Air Blank:  
09/09/24 03:18 .000  
Calibration Check:  
24 09/09/24 03:18 .097

Subject Name

TEST #1

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 111739  
Version no: 532B

TEST RECORD 00659

Temp Date Time <sup>a/</sup> 210L

Air Blank:  
09/09/24 03:11 .000  
Calibration Check:  
25 09/09/24 03:11 .097

Subject Name

TEST #2

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 111739  
Version no: 532B

TEST RECORD 00660

Temp Date Time <sup>a/</sup> 210L

Air Blank:  
09/09/24 03:13 .000  
Calibration Check:  
25 09/09/24 03:13 .097

Subject Name

TEST #3

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 111739  
Version no: 532B

TEST RECORD 00661

Temp Date Time <sup>a/</sup> 210L

VOID: RFI  
12 09/09/24 03:14

Subject Name

RFI CHECK

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 111739  
Version no: 532B

TEST RECORD 00662

Temp Date Time <sup>a/</sup> 210L

Air Blank:  
09/09/24 03:16 .000  
Subject Test: Auto  
26 09/09/24 03:16 .000

Subject Name

SAMPLE TEST

Subject I.D.

Operator Name, I.D.

LEOGRK #395

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	Cyl. Type	Component	Certified Concentration
5-Apr-2025	108	Ethanol Nitrogen	0.100 ± 2% BrAC (272 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: 04.05.2023 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

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**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

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

