

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 111744	NAME OF AGENCY BOONE COUNT	Y SHERIFF'S OFF		ATE OF 09/02/2	INSPECTION 2024	
LOCATION OF INSTRUMENT (STREET AND CITY) 2111 E. COUNTY DR, COLUMBIA				IME OF I	NSPECTION n	
CHECKLIST: Place a mark in the box by each	item if found to be satisf	factory or if operating	within established	d limits.	(Write in observe	ed values
where determined.) Unmarked items must be						
DIGITAL READOUT (ALL ELEMENTS O	PERATIONAL)					
TEMPERATURE OF ALCO SENSOR (10	0°C - 40°C)					
PRINTER WORKING PROPERLY						
☑ TIME AND DATE DISPLAYING PROPER	ILY					
BREATH ALCOHOL ACCURACY STANDAR	DS					
		Z compressed	D ETHANOL OAG	2 8 412/7	LIDE	
SIMULATOR SOLUTION		COMPRESSE	D ETHANOL-GAS	SIMIXI	URE	
STANDARD SUPPLIER INTOXIMETER	RS Lo	OT # AG407801	EXP. DATE 0	3/18/2	026	
☐ SIMULATOR TEMPERATURE (34°C ± 0.	2°C) SIN	и. SN	SIM. NIS	ST EXF	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 1096	TEST 2 .096		TEST 3 🕶 .096			
☑ 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 (004) 0	(.0509) 1	(.1014) 4	(.1519)		(OVER .19)	0
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 SATISFACTORILY AND WITHIN ESTABLISHED LIMITS.						
INSPECTING OFFICER						
SIGNATURE			PRINT NAME JOHNATHAN WELLS			
Type II PERMIT NUMBER/EXPIRATION DATE			TELEPHONE NUMBER			
240088, 04/05/2026			(573) 875-1111	1		
Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office by mail, fax, or email.						

Version no: 532B AS IV Serial no: 111744 Temp TEST RECORD 00890 Date 9/ Time 216L

Air Blank: 09/02/24 04:14 .000 Calibration Check: 23 09/02/24 04:14 .096

Subject Name

Subject I.D. MONTHLY MAINTENONCE

Operator Name, I.D. wells 240088

Columbia no usua

2111 E County Dr Location Test one

Temp Subject Name Calibration Check: 24 09/02/24 04:17 .096 Air Blank: Version no: 532B TEST RECORD 00891 09/02/24 04:17 Date Time 210L

Subject I.D. Martin maintrance Test Two

Operator Name, I.D. J. Well THOOSE Locat 1on

all E County Dr

Columbia no USIOL

AS IV Serial no: 111744 Version no: 532B

AS IV Serial no: 111744

TEST RECORD 00892

TEST RECORD - REPRINT

Temp Date Time 210L

Air Blank: 09/02/24 04:19 Calibration Check: 24 09/02/24 04:19 .096

Subject Name

Subject I.D. Monthly Meuhthance

Operator Name, I.D. JUL E. COUNTY Dr Location WCIIJ 240088 Test Three

Olumbia, mo les voz

Version no: 532B AS IV Serial no: 111744

UOID: RFI 12 09/02/24 04:24 Temp TEST RECORD 00893 Date Time 210L

Subject Name

Subject I.D. Maintenance

VOID PCFI

Operator Name: I.D. Location 1. Wells 240088

Jul & county Dr.

Columbia no 45202



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: 19-Mar-2024

Lot # AG407801 Model 108

Exp Date 18-Mar-2026 Cyl. Type 108

Component

Ethanol Nitrogen **Certified Concentration**

0.100 ± 2% BrAC (272 ppm)

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

RGM Serial No.	Concentration
EB0010581	391.8 ppm
EB0010570	259.8 ppm
EB0010285	209.0 ppm
EB0010561	103.7 ppm
EB0010681	52.22 ppm

RGM Serial No.	Concentration
EB0010603	392.5 ppm
EB0010559	258.9 ppm
EB0010562	104.2 ppm
EB0010579	52.94 ppm

CRM	Serial	No.		
CC727481				
CC727496				

Concentration 799.4 ppm 253.4 ppm

CRM Serial No. CC727493 CC727498

Concentration 389.8 ppm 150.2 ppm

Analytical Method: NDIR

Digitally signed by:Quality Control Reason:Dry gas standard certification of analysis Location:Airgas USA LLC (Lab) Date:03.22.2024 07:50

Approved for Release:

Yusef Woods

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 JOHNATHAN WELLS

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

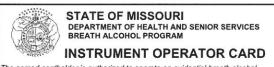
ALCO-SENSOR IV WITH PRINTER, INTOX DMT

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. MA 1

DATE	ATE 4/2/2024	/ (ike // lassmi	
		DIRECTOR OF STATE PUBLIC HEALTH LABORATORY	
NUMBER	240088		
EXPIRES	4/2/2026	Daves J. McBelson	
	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 ai in Missouri.

WELLS, JOHNATHAN Permit No

Date Issued 4/2/2024 Date Expires 4/2/2026

