



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

RECEIVED
 By Tracy Crews at 7:48 am, Jul 02, 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 111745	NAME OF AGENCY Ashland PD - BCSO	DATE OF INSPECTION 07/01/2024
LOCATION OF INSTRUMENT (STREET AND CITY) 101 W Broadway, Ashland		TIME OF INSPECTION 10:30 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 # AG305101 EXP. DATE 02/20/2025

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 .078

TEST 2 .078

TEST 3 .078

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).

TIME ADJUSTED. INSTRUMENT OPERATING SATISFACTORILY AND WITHIN ESTABLISHED LIMITS.

INSPECTING OFFICER

SIGNATURE 	PRINT NAME Johnathan Wells
TYPE II PERMIT NUMBER/EXPIRATION DATE 240088, 04/02/2026	TELEPHONE NUMBER (573) 875-1111

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: 111745
Version no: 532B

TEST RECORD 00244

Temp Date Time 210L ^{g/}

Air Blank: 07/01/24 22:39 .000

Calibration Check: 20 07/01/24 22:39 .078

Subject Name

Monthly Maintenance

Subject I.D.

Test One

Operator Name, I.D.

J Wells 240088

Location

101 W. Broadway

Adland, MO

AS IV Serial no: 111745
Version no: 532B

TEST RECORD 00246

Temp Date Time 210L ^{g/}

Air Blank: 07/01/24 22:43 .000

Calibration Check: 21 07/01/24 22:43 .078

Subject Name

Monthly Maintenance

Subject I.D.

Test Two

Operator Name, I.D.

J Wells 240088

Location

101 W. Broadway

Adland, MO

AS IV Serial no: 111745
Version no: 532B

TEST RECORD 00245

Temp Date Time 210L ^{g/}

Air Blank: 07/01/24 22:40 .000

Calibration Check: 21 07/01/24 22:40 .078

Subject Name

Monthly Maintenance

Subject I.D.

Test Three

Operator Name, I.D.

J Wells 240088

Location

101 W. Broadway

Adland, MO

AS IV Serial no: 111745
Version no: 532B

TEST RECORD 00247

Temp Date Time 210L ^{g/}

VOID: RFI

12 07/01/24 22:45

Subject Name

Monthly Maintenance

Subject I.D.

VOID RFI

Operator Name, I.D.

J Wells 240088

Location

101 W. Broadway

Adland, MO



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-Feb-2023

Lot # AG305101 **Model** 108

Exp Date 20-Feb-2025	Cyl. Type 108	Component Ethanol Nitrogen	Certified Concentration 0.080 ± 0.002 BrAC (218 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:02.20.2023 17:04

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
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.

DATE 4/2/2024

Mike Massum

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 240088

Dave J. Nielsen

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

EXPIRES 4/2/2026

MO 580-0771 (6-10)

LAB-4 (R6-10)

 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 WELLS, JOHNATHAN
Permit No 240088
Date Issued 4/2/2024 Date Expires 4/2/2026

