

**RECEIVED**

By Tracy Crews at 7:34 am, Oct 02, 2024



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 111745	NAME OF AGENCY Ashland PD - BCSO	DATE OF INSPECTION 10/01/2024
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LOCATION OF INSTRUMENT (STREET AND CITY) 101 W Broadway, Ashland	TIME OF INSPECTION 10:20 pm
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**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**

<input type="checkbox"/> SIMULATOR SOLUTION	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>INTOXIMETERS</u> LOT # <u>AG305101</u> EXP. DATE <u>02/20/2025</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)

- 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 ← .079	TEST 2 ← .079	TEST 3 ← .079
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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)	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).

**CLOCK 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 - REPRINT

TEST RECORD 00256

Temp Date Time 210L  
g/

Air Blank:  
10/01/24 22:26 .000  
Calibration Check:  
19 10/01/24 22:26 .079

Subject Name

Monthly Maintenance

Subject I.D.

Test One

Operator Name, I.D.

J. Wells 240088

Location

101 W. Broadway

Ashland, MO

AS IV Serial no: 111745  
Version no: 532B

TEST RECORD 00257

Temp Date Time 210L  
g/

Air Blank:  
10/01/24 22:28 .000  
Calibration Check:  
21 10/01/24 22:28 .079

Subject Name

Monthly Maintenance

Subject I.D.

Test Two

Operator Name, I.D.

J. Wells 240088

Location

101 W. Broadway

Ashland, MO

AS IV Serial no: 111745  
Version no: 532B

TEST RECORD 00258

Temp Date Time 210L  
g/

Air Blank:  
10/01/24 22:31 .000  
Calibration Check:  
21 10/01/24 22:31 .079

Subject Name

Monthly Maintenance

Subject I.D.

Test Three

Operator Name, I.D.

J. Wells 240088

Location

101 W. Broadway

Ashland, MO

AS IV Serial no: 111745  
Version no: 532B

TEST RECORD 00259

Temp Date Time 210L  
g/

VOID: RFI  
12 10/01/24 22:32

Subject Name

Monthly Maintenance

Subject I.D.

RFI

Operator Name, I.D.

J. Wells 240088

Location

101 W Broadway

Ashland, 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	Cyl. Type	Component	Certified Concentration
20-Feb-2025	108	Ethanol Nitrogen	0.080 ± 0.002 BrAC (218 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: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 Mason*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 240088

*Paula J. Nickelson*

EXPIRES 4/2/2026

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





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