



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 12/05/2024
LOCATION OF INSTRUMENT (STREET AND CITY) 2111 E. COUNTY DR COLUMBIA, MO 65202		TIME OF INSPECTION 3:21 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.

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 # AG407801 EXP. DATE 03/18/2026

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 .100

TEST 2 .099

TEST 3 .099

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; PRINTER DIED WHILE PRINTING TEST ONE. 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 00264 <sup>s/</sup>  
Temp Date Time 210L  
Air Blank:  
12/05/24 03:24 .000  
Calibration Check:  
21 12/05/24 03:24 .100

Subject Name  
Test One  
Subject I.D.  
Monthly Maintenance  
Operator Name, I.D.  
J. WELLS 240088  
Location  
2111 E. County Dr.

Columbia, MO 65207

AS IV Serial no: 111745  
Version no: 532B

TEST RECORD 00265

Temp Date Time 210L <sup>s/</sup>  
Air Blank:  
12/05/24 03:28 .000  
Calibration Check:  
23 12/05/24 03:28 .099

Subject Name  
Test Two  
Subject I.D.  
Monthly Maintenance  
Operator Name, I.D.  
J. WELLS 240088  
Location  
2111 E. County Dr

Columbia, MO 65207

AS IV Serial no: 111745  
Version no: 532B

TEST RECORD 00266

Temp Date Time 210L <sup>s/</sup>  
Air Blank:  
12/05/24 03:30 .000  
Calibration Check:  
23 12/05/24 03:30 .099

Subject Name  
Test Three  
Subject I.D.  
Monthly Maintenance  
Operator Name, I.D.  
J. WELLS 240088  
Location  
2111 E. County Dr

Columbia, MO 65202

AS IV Serial no: 111745  
Version no: 532B

TEST RECORD 00267

Temp Date Time 210L <sup>s/</sup>  
VOID: RFI  
12 12/05/24 03:31

Subject Name  
VOID RFI  
Subject I.D.  
Monthly Maintenance  
Operator Name, I.D.  
J. WELLS 240088  
Location  
2111 E County Dr

Columbia, MO 65202



# Certificate of Analysis

Airgas USA LLC (LAB)  
3500 Bernard Street  
St. Louis, Mo. 63103  
Ph: (314) 533-3100  
Fax: (314) 533-7328

Test Date: 19-Mar-2024

Customer Name  
Exclusive Supplier  
Intoximeters, Inc.  
2081 Craig Road  
St. Louis, Mo 63146

Lot # AG407801 Model 108

Exp Date	Cyl. Type	Component	Certified Concentration
18-Mar-2026	108	Ethanol	0.100 ± 2% BrAC (272 ppm)
		Nitrogen	

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	799.4 ppm	CC727493	389.8 ppm
CC727496	253.4 ppm	CC727498	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



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



LAB-4 (06-10)

MO 580-0771 (6-10)

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 DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

EXPIRES 4/2/2026

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 DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 240088

DATE 4/2/2024

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.

**ALCO-SENSOR IV WITH PRINTER, INTOX DMT**

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

**JOHATHAN WELLS**

**TYPE II**

**PERMIT**

**STATE OF MISSOURI**  
 DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 BREATH ALCOHOL PROGRAM

