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By Tracy Crews at 6:58 am, Jun 14, 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 111760	NAME OF AGENCY JOHNSON COUNTY SHERIFF'S OFFICE	DATE OF INSPECTION 06/14/2024
LOCATION OF INSTRUMENT (STREET AND CITY) 278 SOUTH WEST 871 ROAD CENTERVIEW, MISSOURI 64019-8300		TIME OF INSPECTION 1:30 am
CHECKLIST: Place a mark in the box by each item if found to be satisfactory or 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 # AG310903

EXP. DATE 04/19/2025

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 ← .098

TEST 2 ← .097

TEST 3 ← .097

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) 1 (.05-.09) 2 (.10-.14) 1 (.15-.19) 0 (OVER .19)

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).

INSPECTING OFFICER

SIGNATURE

PRINT NAME

PATRICK W. BOYER

TYPE IF PERMIT NUMBER/EXPIRATION DATE

230100 / 05-30-2025

TELEPHONE NUMBER

(660) 747-6469

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: 111760
Version no: 532B

TEST RECORD 00808

Temp Date Time ^{s/} 210L

Air Blank:
06/14/24 01:29 .000
Calibration Check:
21 06/14/24 01:29 .098

Subject Name

TEST #1

Subject I.D.

Operator Name, I.D.

Boyer 230100

Location

JCSO

AS IV Serial no: 111760
Version no: 532B

TEST RECORD 00809

Temp Date Time ^{s/} 210L

Air Blank:
06/14/24 01:31 .000
Calibration Check:
22 06/14/24 01:31 .097

Subject Name

TEST #2

Subject I.D.

Operator Name, I.D.

Boyer 230100

Location

JCSO

AS IV Serial no: 111760
Version no: 532B

TEST RECORD 00810

Temp Date Time ^{s/} 210L

Air Blank:
06/14/24 01:32 .000
Calibration Check:
22 06/14/24 01:32 .097

Subject Name

TEST #3

Subject I.D.

Operator Name, I.D.

Boyer 230100

Location

JCSO

AS IV Serial no: 111760
Version no: 532B

TEST RECORD 00811

Temp Date Time ^{s/} 210L

VOID: RFI
12 06/14/24 01:33

Subject Name

TEST RFI

Subject I.D.

Operator Name, I.D.

Boyer 230100

Location

JCSO

AS IV Serial no: 111760
Version no: 532B

TEST RECORD 00812

Temp Date Time ^{s/} 210L

Air Blank:
06/14/24 01:34 .000
Subject Test: Auto
23 06/14/24 01:34 .000

Subject Name

SELF TEST

Subject I.D.

Operator Name, I.D.

Boyer 230100

Location

JCSO



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-Apr-2023

Lot # AG310903 **Model** 108

Exp Date
19-Apr-2025

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.	Concentration
CC727481	800.0 ppm
CC727496	253.0 ppm

CRM Serial No.	Concentration
CC727493	390.0 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: 04.20.2023 15:24

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
PATRICK W. BOYER

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 5/30/2023

NUMBER 230100

EXPIRES 5/30/2025

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (5-10)

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 BOYER, PATRICK
Permit No 230100
Date Issued 5/30/2023 Date Expires 5/30/2025