

**RECEIVED**  
By Tracy Crews at 8:02 am, Nov 15, 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 11/15/2024
LOCATION OF INSTRUMENT (STREET AND CITY) 278 SOUTH WEST 871 ROAD CENTERVIEW, MISSOURI 64019		TIME OF INSPECTION 1:20 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**

<input type="checkbox"/> SIMULATOR SOLUTION	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER INTOXIMETER	LOT # AG310903 EXP. DATE 04/19/2025
<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 0.036% and 0.042% INCLUSIVE

TEST 1 <input checked="" type="checkbox"/> .096	TEST 2 <input checked="" type="checkbox"/> .095	TEST 3 <input checked="" type="checkbox"/> .095
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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-.04)	(.05-.09)	(.10-.14)	(.15-.19)	(OVER .19)
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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).

UPDATED TIME FOR DAYLIGHT SAVINGS (FALL BACK)

**INSPECTING OFFICER**

SIGNATURE 	PRINT NAME PATRICK W. BOYER
TYPE II 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 00873

Temp Date Time 210L

Air Blank:  
11/15/24 01:28 .000  
Calibration Check:  
23 11/15/24 01:30 .095

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 00874

Temp Date Time 210L

Air Blank:  
11/15/24 01:30 .000  
Calibration Check:  
29 11/15/24 01:30 .095

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 00875

Temp Date Time 210L

Air Blank:  
11/15/24 01:31 .000  
Calibration Check:  
24 11/15/24 01:33 .095

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 00876

Temp Date Time 210L

Air Blank:  
12 11/15/24 01:32

Subject Name  
TEST RFF  
Subject I.D.

Operator Name, I.D.  
Boyer 230100  
Location  
JCSO

AS IV Serial no: 111760  
Version no: 532B

TEST RECORD 00677

Temp Date Time 210L

Air Blank:  
11/15/24 01:34 .000  
Subject Test:  
25 11/15/24 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	Cyl. Type	Component	Certified Concentration
19-Apr-2025	108	Ethanol Nitrogen	0.100 ± 2% BrAC (272 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: 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

MO 580-0771 (8-10)

*Mike Mason*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*David E. Nicholson*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (RS-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**

