



**ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT**

**RECEIVED**

By Tracy Crews at 10:46 am, Sep 12, 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 111763	NAME OF AGENCY Saint Joseph Police Department	DATE OF INSPECTION 09/11/2024
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LOCATION OF INSTRUMENT (STREET AND CITY) 501 Faraon Street, Saint Joseph MO. 64501	TIME OF INSPECTION 2:30 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**

SIMULATOR SOLUTION  COMPRESSED ETHANOL-GAS MIXTURE

STANDARD SUPPLIER Intoximeters LOT # AG304601 EXP. DATE 02/15/2025

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 .096

TEST 2 .094

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-.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).

**INSPECTING OFFICER**

SIGNATURE 	PRINT NAME John L. Foster
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TYPE IF PERMIT NUMBER/EXPIRATION DATE 230163 Exp-08/07/2025	TELEPHONE NUMBER (816) 596-8206
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**Return completed report to the:** Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office by mail, fax, or email.

**ASIV/WITH PRINTER MONTHLY MAINTENANCE REPORT, SAINT JOSEPH  
POLICE DEPARTMENT 501 FARAON STREET ST. JOSEPH MO. 64501**

<p>AS IV Serial no: 111763 Version no: 532B</p> <p>TEST RECORD 00716</p> <p>Temp Date Time 210L s/</p> <p>Air Blank: 09/11/24 14:25 .000</p> <p>Calibration Check: 22 09/11/24 14:25 .096</p> <p>Subject Name</p> <p><i>Monthly Test</i></p> <p>Subject I.D.</p> <p><i>Foster, John 28977</i></p> <p>Operator Name, I.D.</p> <p><i>501 Faraon Street</i></p> <p>Location</p> <p><i>Saint Joseph mo 64501</i></p> <p><i>LEC</i></p>	<p>AS IV Serial no: 111763 Version no: 532B</p> <p>TEST RECORD 00717</p> <p>Temp Date Time 210L s/</p> <p>Air Blank: 08/11/24 14:32 .000</p> <p>Calibration Check: 23 08/11/24 14:32 .094</p> <p>Subject Name</p> <p><i>Monthly Test</i></p> <p>Subject I.D.</p> <p><i>Foster, John 28977</i></p> <p>Operator Name, I.D.</p> <p><i>501 Faraon Street</i></p> <p>Location</p> <p><i>Saint Joseph mo 64501</i></p> <p><i>LEC</i></p>	<p>AS IV Serial no: 111763 Version no: 532B</p> <p>TEST RECORD 00718</p> <p>Temp Date Time 210L s/</p> <p>Air Blank: 08/11/24 14:34 .000</p> <p>Calibration Check: 24 08/11/24 14:34 .099</p> <p>Subject Name</p> <p><i>Monthly Test</i></p> <p>Subject I.D.</p> <p><i>Foster, John 28977</i></p> <p>Operator Name, I.D.</p> <p><i>LEC</i></p> <p>Location</p>	<p>AS IV Serial no: 111763 Version no: 532B</p> <p>TEST RECORD 00719</p> <p>Temp Date Time 210L s/</p> <p>VOID: RFI 12 08/11/24 14:36</p> <p>Subject Name</p> <p><i>Monthly Test</i></p> <p>Subject I.D.</p> <p><i>Foster, John 28977</i></p> <p>Operator Name, I.D.</p> <p><i>LEC</i></p> <p>Location</p>
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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:** 15-Feb-2023

**Lot #** AG304601 **Model** 108

<b>Exp Date</b> 15-Feb-2025	<b>Cyl. Type</b> 108	<b>Component</b> Ethanol Nitrogen	<b>Certified Concentration</b> 0.100 ± 2% BrAC (272 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:02.16.2023 13:50

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**  
**JOHN L. FOSTER**

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 EC/IR II**

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 8/7/2023

NUMBER 230163

EXPIRES 8/7/2025

*Mike Mason*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Paula J. Nielson*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R6-10)

MO 580-0771 (6-10)



**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** FOSTER, JOHN  
**Permit No** 230163  
**Date Issued** 8/7/2023    **Date Expires** 8/7/2025

