



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 111768	NAME OF AGENCY Fair Grove PD	DATE OF INSPECTION 06/27/2024
-----------------------------	---------------------------------	----------------------------------

LOCATION OF INSTRUMENT (STREET AND CITY) 81 S. Orchard Blvd. Fair Grove, MO 65648	TIME OF INSPECTION 12:26 pm
--	--------------------------------

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 ← .100
---------------	---------------	---------------

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)
----------	---------	-----------	-----------	-----------	------------

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 <i>Ronald L. Killingsworth</i>	PRINT NAME Ronald L. Killingsworth
TYPE II PERMIT NUMBER/EXPIRATION DATE 220287 / 12-23-2024	TELEPHONE NUMBER (417) 829-6216

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: 111768
Version no: 532B

TEST RECORD 00746

Temp	Date	Time	s/ 210L
------	------	------	------------

Air Blank:
06/27/24 12:24 .000
Calibration Check:
23 06/27/24 12:24 .100

Subject Name
Test # 1

Subject I.D.

Operator Name: J.D.

Killingsworth

Location

220287/12-23-24

AS IV Serial no: 111768
Version no: 532B

TEST RECORD 00747

Temp	Date	Time	s/ 210L
------	------	------	------------

Air Blank:
06/27/24 12:25 .000
Calibration Check:
23 06/27/24 12:25 .099

Subject Name

Test # 2

Subject I.D.

Operator Name: J.D.

Killingsworth

Location

220287/12-23-24

AS IV Serial no: 111768
Version no: 532B

TEST RECORD 00748

Temp	Date	Time	s/ 210L
------	------	------	------------

Air Blank:
06/27/24 12:26 .000
Calibration Check:
24 06/27/24 12:26 .100

Subject Name

Test # 3

Subject I.D.

Operator Name: J.D.

Killingsworth

Location

220287/12-23-24

AS IV Serial no: 111768
Version no: 532B

TEST RECORD 00749

Temp	Date	Time	s/ 210L
------	------	------	------------

VOID: RTI
12 06/27/24 12:27

Subject Name

RFI Test

Subject I.D.

Operator Name: J.D.

Killingsworth

Location

220287/12-23-24

AS IV Serial no: 111768
Version no: 532B

TEST RECORD 00750

Temp	Date	Time	s/ 210L
------	------	------	------------

Air Blank:
06/27/24 12:28 .000
Subject Test: Auto
25 06/27/24 12:28 .000

Subject Name

Sober Sample

Subject I.D.

Operator Name: J.D.

Killingsworth

Location

220287/12-23-24



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: 19-Mar-2024

Lot # AG407801 **Model** 108

Exp Date 18-Mar-2026	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	799.4 ppm
CC727496	253.4 ppm

CRM Serial No.	Concentration
CC727493	389.8 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

2

**PERMIT
 TYPE II**

RONALD L. KILLINGSWORTH

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 12/23/2022

Mike Massum
 DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 220287

Dave L. Nielson
 DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

EXPIRES 12/23/2024

MO 580-0771 (6-10)

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 KILLINGSWORTH, RONALD
 Permit No 220287
 Date Issued 12/23/2022 Date Expires 12/23/2024

