



**RECEIVED**

By Brian Lutmer at 8:25 am, Aug 01, 2024

**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 07/31/2024
LOCATION OF INSTRUMENT (STREET AND CITY) 81 S. Orchard Blvd. Fair Grove, MO 65648		TIME OF INSPECTION 9:09 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.

<input checked="" type="checkbox"/> DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)
<input checked="" type="checkbox"/> TEMPERATURE OF ALCO SENSOR (10°C - 40°C)
<input checked="" type="checkbox"/> PRINTER WORKING PROPERLY
<input checked="" type="checkbox"/> 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 <u>Intoximeters</u>	LOT # <u>AG407801</u> EXP. DATE <u>03/18/2026</u>
<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)

<input checked="" type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE
<input type="checkbox"/> 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE
<input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE

TEST 1 ➡ .101	TEST 2 ➡ .100	TEST 3 ➡ .101
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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).  
Adjusted time.

**INSPECTING OFFICER**

SIGNATURE 	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 00753

Temp Date Time <sup>a/</sup> 210L

Air Blank:  
07/31/24 09:10 .000  
Calibration Check:  
22 07/31/24 09:10 .101

Subject Name

Test # 1

Subject I.D.

Operator Name: J.J.

Killingsworth

Location

220287/12-23-24

AS IV Serial no: 111768  
Version no: 532B

TEST RECORD 00754

Temp Date Time <sup>a/</sup> 210L

Air Blank:  
07/31/24 09:12 .000  
Calibration Check:  
23 07/31/24 09:12 .100

Subject Name

Test # 2

Subject I.D.

Operator Name: J.J.

Killingsworth

Location

220287/12-23-24

AS IV Serial no: 111768  
Version no: 532B

TEST RECORD 00755

Temp Date Time <sup>a/</sup> 210L

Air Blank:  
07/31/24 09:13 .000  
Calibration Check:  
23 07/31/24 09:13 .101

Subject Name

Test # 3

Subject I.D.

Operator Name: J.J.

Killingsworth

Location

220287/12-23-24

AS IV Serial no: 111768  
Version no: 532B

TEST RECORD 00756

Temp Date Time <sup>a/</sup> 210L

VOID: RFI  
12 07/31/24 09:14

Subject Name

RFI Test

Subject I.D.

Operator Name: J.J.

Killingsworth

Location

220287/12-23-24

AS IV Serial no: 111768  
Version no: 532B

TEST RECORD 00757

Temp Date Time <sup>a/</sup> 210L

Air Blank:  
07/31/24 09:16 .000  
Subject Test: rule  
24 07/31/24 09:16 .000

Subject Name

Sober Sample

Subject I.D.

Operator Name: J.J.

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**

<b>Exp Date</b> 18-Mar-2026	<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	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

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

NUMBER 220287

EXPIRES 12/23/2024

*Mike Mason*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Paula J. Nicholson*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (RG-10)

MO 680-0771 (5-10)



**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**

