



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 STATE PUBLIC HEALTH LABORATORY  
**ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT**

**RECEIVED**  
 By Tracy Crews at 8:33 am, Oct 18, 2024

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<br><b>120503</b>   | NAME OF AGENCY<br><b>Jefferson County Sheriff's Office</b> | DATE OF INSPECTION<br><b>09/30/2024</b> |
| LOCATION OF INSTRUMENT (STREET AND CITY)<br><b>400 First St. Hillsboro, MO 63050</b> |  | TIME OF INSPECTION<br><b>1839</b>       |

**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 # AG305902 EXP. DATE 02/28/2025

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 ← **.096** TEST 3 ← **.095**

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<br>   | PRINT NAME<br><b>Zachary Reed #810</b>     |
| TYPE II PERMIT NUMBER/EXPIRATION DATE<br><b>230236 10/31/2025</b> | TELEPHONE NUMBER<br><b>(636 ) 797-5000</b> |

**Return completed report to the:** Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office by mail, fax, or email.

AS TV Serial no: 120500  
Version no: 5320

TEST RECORD 00033

Temp Date Time 210<sup>g/</sup>

Air Blank: 09/30/24 18:39 000

Calibration Check: 24 09/30/24 18:39 098

Subject Name

Subject I.D.

Operator Name I.D.  
Location

AS TV Serial no: 120500  
Version no: 5320

TEST RECORD 00034

Temp Date Time 210<sup>g/</sup>

Air Blank: 09/30/24 18:40 000

Calibration Check: 26 09/30/24 18:40 098

Subject Name

Subject I.D.

Operator Name I.D.

Location

AS TV Serial no: 120500  
Version no: 5320

TEST RECORD 00035

Temp Date Time 210<sup>g/</sup>

Air Blank: 09/30/24 18:43 000

Calibration Check: 25 09/30/24 18:43 098

Subject Name

Subject I.D.

Operator Name I.D.

Location

AS TV Serial no: 120500  
Version no: 5320

TEST RECORD 00036

Temp Date Time 210<sup>g/</sup>

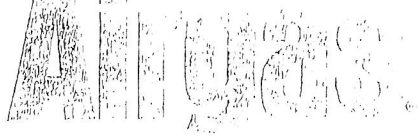
VOID: RF1  
12 09/30/24 18:44

Subject Name

Subject I.D.

Operator Name I.D.

Location



# Certificate of Analysis

Test Date: 28-Feb-2025

Customer Name  
Exclusive Supplier  
Infoximeters, Inc.  
2081 Craig Road  
St. Louis, Mo. 63146

Lot # AG305902 Model 108

| Exp Date    | Cyl. Type | Component | Certified Concentration   |
|-------------|-----------|-----------|---------------------------|
| 28-Feb-2025 | 108       | Ethanol   | 0.100 ± 2% BrAC (272 ppm) |
|             |           | Nitrogen  |                           |

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: 03/01/2025 17:25

Approved for Release: \_\_\_\_\_

Rod Marsala

ISO 17025:2017 A2LA accredited. Certificate Number 3082.06  
ISO 17034:2016 A2LA accredited. Certificate Number 3082.07