



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 062093	NAME OF AGENCY Sugar Creek Police Department	DATE OF INSPECTION 03/24/2025
LOCATION OF INSTRUMENT (STREET AND CITY) 1001 Heroes Way, Sugar Creek		TIME OF INSPECTION 9:59 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 Guth Laboratories LOT # 302-402968122 EXP. DATE 02/12/2027
- 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  .099	TEST 2  .099	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	1	(0-.04)	1	(.05-.09)	1	(.10-.14)	0	(.15-.19)	1	(OVER .19)	0
----------	---	---------	---	-----------	---	-----------	---	-----------	---	------------	---

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).

Maintenance conducted in accordance with DHSS guidelines.

**INSPECTING OFFICER**

SIGNATURE 	PRINT NAME Amanda Akers
TYPE II PERMIT NUMBER/EXPIRATION DATE 230203 09/13/2025	TELEPHONE NUMBER (816) 521-7923 Ext. 1235

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

# SUGAR CREEK MISSOURI POLICE DEPARTMENT

## ALCO-SENSOR IV WITH PRINTER TEST RESULTS

TEST # 1

AS IV Serial no: 062093  
Version no: 532B

TEST RECORD 02130

Temp	Date	Time	s/210L
Air Blank:	03/24/25	21:59	.000
Calibration Check:	21 03/24/25	21:59	.099

Air Blank:  
03/24/25 21:59 .000  
Calibration Check:  
21 03/24/25 21:59 .099

Subject Name

Test

Subject I.D.

#1

Operator Name, I.D.

Akers #230203

Location

1001 Heroes Way

Sugar Creek, MO  
64054

TEST # 2

AS IV Serial no: 062093  
Version no: 532B

TEST RECORD 02131

Temp	Date	Time	s/210L
Air Blank:	03/24/25	22:01	.000
Calibration Check:	22 03/24/25	22:01	.099

Air Blank:  
03/24/25 22:01 .000  
Calibration Check:  
22 03/24/25 22:01 .099

Subject Name

Test

Subject I.D.

#2

Operator Name, I.D.

Akers #230203

Location

1001 Heroes Way

Sugar Creek, MO  
64054

TEST # 3

AS IV Serial no: 062093  
Version no: 532B

TEST RECORD 02132

Temp	Date	Time	s/210L
Air Blank:	03/24/25	22:04	.000
Calibration Check:	23 03/24/25	22:04	.099

Air Blank:  
03/24/25 22:04 .000  
Calibration Check:  
23 03/24/25 22:04 .099

Subject Name

Test

Subject I.D.

#3

Operator Name, I.D.

Akers #230203

Location

1001 Heroes Way

Sugar Creek, MO  
64054

RFI TEST

AS IV Serial no: 062093  
Version no: 532B

TEST RECORD 02133

Temp	Date	Time	s/210L
VOID: RFI	12 03/24/25	22:06	

VOID: RFI  
12 03/24/25 22:06

Subject Name

Test

Subject I.D.

# RFI

Operator Name, I.D.

Akers #230203

Location

1001 Heroes Way

Sugar Creek, MO  
64054

# CERTIFICATE OF ANALYSIS

## EBS - ETHANOL BREATH STANDARD

Part Number: DG-U100-10  
GUTH LABORATORIES INC

Sales order: 1128746755  
Date: March 21, 2024

METHOD OF ANALYSIS: IR Breath Alcohol Analyzer  
ANALYTICAL ACCURACY: +/-0.002 BrAC or +/-2% whichever is greater.  
CALGAZ LOT#: 302-402968122  
ETHANOL IN NITROGEN

Product Expiration: February 12, 2027

COMPONENT	PPM	( BrAC )
ETHANOL	260.5PPM	(0.100)
NITROGEN	BAL	
<b>AVERAGE ANALYTICAL VALUE</b>	<b>PPM</b>	<b>( BrAC )</b>
ETHANOL	262.7	(0.101)

REFERENCE STANDARD	CYLINDER	CONCENTRATION PPM
N.M.I. TRACEABLE STANDARDS*	ND38424	260.7

\* CERTIFICATION TRACEABLE TO NATIONAL METROLOGY INSTITUTE TRACEABLE STANDARDS

#### TRACEABILITY

##### Preparation:

Gas mixtures manufactured with balances calibrated by an ISO 17025 accredited company using NIST traceable weights and meets or exceeds the requirements of NIST Handbook 44.

Traceable certificate numbers 3445312 and 3398673.

##### Analytical:

Analytical Instruments Calibrated Using NMI Traceable Standards.

Certification Numbers: A679-20190918, D049803-20220329

No effecting environmental conditions during analysis.

\*NMI is recognized by NIST through the Mutual Recognition Agreement (CIPM MRA).

CALGAZ calibration devices were found to meet all applicable requirements of the National Highway Traffic Safety Administration Model Specifications for calibrating units for breath alcohol testers.

Manufactured Date: February 12, 2024

APPROVED BY: \_\_\_\_\_



"We certify that all the cylinders for the Lot numbers identified herein are manufactured and tested within the requirements of CFR 49 part 178.65 and that physical and chemical test reports are on file and copies will be furnished upon request."

**CALGAZ, a division of Airgas USA LLC**  
821 Chesapeake Drive, Cambridge, MD 21613-0149  
Phone: (410) 228-6400 Fax: (410) 228-4251



STATE OF MISSOURI  
 DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 BREATH ALCOHOL PROGRAM

2

**PERMIT**  
**TYPE II**  
**AMANDA AKERS**

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 9/13/2023

NUMBER 230203

EXPIRES 9/13/2025

*Mike Massman*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Paula J. Nickelson*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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 AKERS, AMANDA  
 Permit No 230203  
 Date Issued 9/13/2023 Date Expires 9/13/2025

