



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

RECEIVED
 03/19/2025 2:11 pm

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 087965	NAME OF AGENCY Cass County Sheriff's Office	DATE OF INSPECTION 03/19/2025
LOCATION OF INSTRUMENT (STREET AND CITY) 2501 W. Mechanic		TIME OF INSPECTION 1354

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 # AG505010 EXP. DATE 10/19/2026

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 • .097 TEST 2 • .097 TEST 3 • .096

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) 0	(.05-.09) 0	(.10-.14) 0	(.15-.19) 0	(OVER .19) 0
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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 the time for daylight savings time.

INSPECTING OFFICER

SIGNATURE 	PRINT NAME James N. Rew #563
TYPE II PERMIT NUMBER/EXPIRATION DATE 240205 09/06/2026	TELEPHONE NUMBER (816) 380-5200

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: 087965
Version no: 532B

TEST RECORD 00884

Temp Date Time 21OL

Air Blank:
03/19/25 13:57 .000
Calibration Check:
22 03/19/25 13:57 .097

Subject Name
Test 1
Subject I.D.

Operator Name, I.D.
Ren 240205 9/6/26
Location
2501 W. Medwin

AS IV Serial no: 087965
Version no: 532B

TEST RECORD 00885

Temp Date Time 21OL

Air Blank:
03/19/25 13:59 .000
Calibration Check:
23 03/19/25 13:59 .097

Subject Name
Test 2
Subject I.D.

Operator Name, I.D.
Ren 240205 9/6/26
Location
2501 W. Medwin

AS IV Serial no: 087965
Version no: 532B

TEST RECORD 00886

Temp Date Time 21OL

Air Blank:
03/19/25 14:02 .000
Calibration Check:
24 03/19/25 14:02 .096

Subject Name
Test 3
Subject I.D.

Operator Name, I.D.
Ren 240205 9/6/26
Location
2501 W. Medwin

AS IV Serial no: 087965
Version no: 532B

TEST RECORD 00887

Temp Date Time 21OL

VOID: RFI
12 03/19/25 14:03

Subject Name
RFI
Subject I.D.

Operator Name, I.D.
Ren 240205 9/6/26
Location
2501 W. Medwin

AS IV Serial no: 087965
Version no: 532B

TEST RECORD 00888

Temp Date Time 21OL

Air Blank:
03/19/25 14:06 .000
Subject Test: Auto
24 03/19/25 14:06 .000

Subject Name
Blank
Subject I.D.

Operator Name, I.D.
Ren 240205 9/6/26
Location
2501 W. Medwin



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: 20-Feb-2025

Lot # AG505010 **Model** 34

Exp Date 19-Oct-2026	Cyl. Type 34	Component Ethanol Nitrogen	Certified Concentration 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: 02.20.2025 19:16

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



PERMIT
TYPE II

JAMES N. REW

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 9/6/2024

NUMBER 240205

EXPIRES 9/6/2026

Adam P. Hall

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

David J. McAdams

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES