



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 105452 | NAME OF AGENCY Belle Police Department | DATE OF INSPECTION 01/29/2025 |
| LOCATION OF INSTRUMENT (STREET AND CITY) 106 E. 3rd Street Belle, MO 65013 | | TIME OF INSPECTION 5:00 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.

| |
|--------------------------------------------------------------------------------|
| <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>AG309501</u> EXP. DATE <u>01/29/2025</u> | |
| <input type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) _____ SIM. SN _____ SIM. NIST EXP DATE _____ | |
| <input checked="" type="checkbox"/> 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 • <u>.099</u> | TEST 2 • <u>.099</u> | TEST 3 • <u>.099</u> |
|----------------------|----------------------|----------------------|

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 | (0-.04) | 0 | (.05-.09) | 0 | (.10-.14) | 0 | (.15-.19) | 0 | (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).

Monthly maint

INSPECTING OFFICER

| | |
|------------------------------------------------------------------|------------------------------------|
| SIGNATURE | PRINT NAME Mark Morgan |
| TYPE II PERMIT NUMBER/EXPIRATION DATE 230018 January 31, 2025 | TELEPHONE NUMBER (573) 422-3381 |

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: 105452
Version no: 532B

TEST RECORD - REPRINT

TEST RECORD 00497

Temp Date Time 210L^{g/}

Air Blank:
01/29/25 17:02 .000
Calibration Check:
-22 01/29/25 17:02 .099

Subject Name

TEST # 1
Subject I.D.

Operator Name, I.D.

MORGAN 230018
Location
Belle PD

AS IV Serial no: 105452
Version no: 532B

TEST RECORD 00498

Temp Date Time 210L^{g/}

Air Blank:
01/29/25 17:11 .000
Calibration Check:
23 01/29/25 17:11 .099

Subject Name

TEST # 2
Subject I.D.

Operator Name, I.D.

MORGAN 230018
Location
Belle PD

AS IV Serial no: 105452
Version no: 532B

TEST RECORD 00499

Temp Date Time 210L^{g/}

Air Blank:
01/29/25 17:13 .000
Calibration Check:
23 01/29/25 17:13 .099

Subject Name

TEST # 3
Subject I.D.

Operator Name, I.D.

MORGAN 230018
Location
Belle PD

AS IV Serial no: 105452
Version no: 532B

TEST RECORD 00500

Temp Date Time 210L^{g/}

VOID: RFI
12 01/29/25 17:14

Subject Name

RFI
Subject I.D.

Operator Name, I.D.

MORGAN 230018
Location
Belle PD



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: 5-Apr-2023

Lot # AG309501 **Model** 108

| | | | |
|-------------------------------|-------------------------|-----------------------------------------|-------------------------------------------------------------|
| Exp Date 5-Apr-2025 | 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 | 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:04.05.2023 17:34

Approved for Release: 
 Rod Marsala

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
MARK D. MORGAN

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 1/31/2023

Mike Mason

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 230018

Dave J. Nicholson

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

EXPIRES 1/31/2025

 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 MORGAN, MARK
 Permit No 230018
 Date Issued 1/31/2023 Date Expires 1/31/2025

