



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

**RECEIVED**

By Tracy Crews at 12:55 pm, Jan 31, 2025

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>107992                                                             | NAME OF AGENCY<br>099.3586.825 | DATE OF INSPECTION<br>01/31/2025 |
| LOCATION OF INSTRUMENT (STREET AND CITY)<br>211 West Broadway Webb City, Missouri 64870 |                                | TIME OF INSPECTION<br>05:05 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.

- 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**

|                                                                                                                                   |                                                                    |
|-----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> SIMULATOR SOLUTION                                                                                       | <input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE |
| <input checked="" type="checkbox"/> STANDARD SUPPLIER <u>Intoximeters, Inc.</u> LOT # <u>AG309502</u> EXP. DATE <u>04/05/2025</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)
  - 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 → <b>0.103</b> | TEST 2 → <b>0.103</b> | TEST 3 → <b>0.103</b> |
|-----------------------|-----------------------|-----------------------|

- 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 <b>0</b> | (0-.04) <b>0</b> | (.05-.09) <b>0</b> | (.10-.14) <b>1</b> | (.15-.19) <b>0</b> | (OVER .19) <b>0</b> |
|-------------------|------------------|--------------------|--------------------|--------------------|---------------------|

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).

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|                                                                     |                                             |
|---------------------------------------------------------------------|---------------------------------------------|
| <b>INSPECTING OFFICER</b>                                           |                                             |
| SIGNATURE<br>                                                       | PRINT NAME<br><b>Christopher Shonk</b>      |
| TYPE II PERMIT NUMBER/EXPIRATION DATE<br><b>230130 / 06/26/2025</b> | TELEPHONE NUMBER<br><b>( 417 ) 673-1911</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 IV Serial no: 107992  
Version no: 532B

TEST RECORD 01745

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

Air Blank:  
01/31/25 05:05 .000  
Calibration Check:  
18 01/31/25 05:05 .103

Subject Name

TEST #1  
Subject I.D.

Operator Name, I.D.

Sgt. C. Shank #230130  
Location  
WCPD

AS IV Serial no: 107992  
Version no: 532B

TEST RECORD 01746

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

Air Blank:  
01/31/25 05:07 .000  
Calibration Check:  
19 01/31/25 05:07 .103

Subject Name

TEST #2  
Subject I.D.

Operator Name, I.D.

Sgt. C. Shank #230130  
Location  
WCPD

AS IV Serial no: 107992  
Version no: 532B

TEST RECORD 01747

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

Air Blank:  
01/31/25 05:09 .000  
Calibration Check:  
19 01/31/25 05:09 .103

Subject Name

TEST #3  
Subject I.D.

Operator Name, I.D.

Sgt. C. Shank #230130  
Location  
WCPD

AS IV Serial no: 107992  
Version no: 532B

TEST RECORD 01748

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

VOID: RFI  
12 01/31/25 05:10

Subject Name

RFI CHECK  
Subject I.D.

Operator Name, I.D.

Sgt. C. Shank #230130  
Location  
WCPD

AS IV Serial no: 107992  
Version no: 532B

TEST RECORD - REPRINT

TEST RECORD 01749

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

Air Blank:  
01/31/25 05:12 .000  
Subject Test: Auto  
20 01/31/25 05:12 .000

Subject Name

SOBER Sample  
Subject I.D.

Operator Name, I.D.

Sgt. C. Shank #230130  
Location  
WCPD



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 #** AG309502 **Model** 108

| Exp Date   | Cyl. Type | Component           | Certified Concentration   |
|------------|-----------|---------------------|---------------------------|
| 5-Apr-2025 | 108       | Ethanol<br>Nitrogen | 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 17:55

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**  
**CHRISTOPHER SHONK**

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, INTOXILYZER 8000**

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 6/26/2023

NUMBER 230130

EXPIRES 6/26/2025

*Mike Maxson*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Douglas J. Nicholson*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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 SHONK, CHRISTOPHER  
Permit No 230130  
Date issued 6/26/2023 Date Expires 6/26/2025

