



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 111630	NAME OF AGENCY Miller County	DATE OF INSPECTION 02/02/2025
LOCATION OF INSTRUMENT (STREET AND CITY) 1999 Hwy 52, Tuscumbia		TIME OF INSPECTION 2:16 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

SIMULATOR SOLUTION COMPRESSED ETHANOL-GAS MIXTURE

STANDARD SUPPLIER Intoximeters LOT # AG429106 EXP. DATE 10/17/2026

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 .098

TEST 2 .098

TEST 3 .097

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).

Printer paper changed due to running out of paper mid-print of RFI test.

INSPECTING OFFICER

SIGNATURE 	PRINT NAME David Shoemaker
TYPE II PERMIT NUMBER/EXPIRATION DATE 240233 10/29/2026	TELEPHONE NUMBER (573) 369-2341

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: 111630
Version no: 532B

TEST RECORD 01287

Temp Date Time ^{a/} 210L

Air Blank:
02/02/25 02:20 .000
Calibration Check:
22 02/02/25 02:20 .098

Subject Name

Test

Subject I.D.

2

Operator Name, I.D.

D. Shoemaker, 240233

Location

1999 Hwy 52,

Tuscumbia

AS IV Serial no: 111630
Version no: 532B

TEST RECORD - REPRINT

TEST RECORD 01289

Temp Date Time ^{a/} 210L

VOID: RFI
12 02/02/25 02:24

Subject Name

Test

Subject I.D.

RFI

Operator Name, I.D.

D. Shoemaker, 240233

Location

1999 Hwy 52

Tuscumbia

AS IV Serial no: 111630
Version no: 532B

TEST RECORD 01286

Temp Date Time ^{a/} 210L

Air Blank:
02/02/25 02:16 .000
Calibration Check:
21 02/02/25 02:16 .098

Subject Name

Test

Subject I.D.

1

Operator Name, I.D.

D. Shoemaker, 240233

Location

1999 Hwy 52,

Tuscumbia

AS IV Serial no: 111630
Version no: 532B

TEST RECORD 01288

Temp Date Time ^{a/} 210L

Air Blank:
02/02/25 02:22 .000
Calibration Check:
23 02/02/25 02:22 .097

Subject Name

Test

Subject I.D.

3

Operator Name, I.D.

D. Shoemaker, 240233

Location

1999 Hwy 52

Tuscumbia



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: 17-Oct-2024

Lot # AG429106 **Model** 108

Exp Date	Cyl. Type	Component	Certified Concentration
17-Oct-2026	108	Ethanol 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	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:10.18.2024 07:39

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

2

PERMIT
TYPE II
DAVID SHOEMAKER

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 DMT

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 10/29/2024

NUMBER 240233

EXPIRES 10/29/2026

Adam J. Pelti

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

David 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 SHOEMAKER, DAVID
Permit No 240233
Date Issued 10/29/2024 **Date Expires** 10/29/2026

