

## MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

# RECEIVED By Tracy Crews at 10:09 am, Jan 06, 2025

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

| A SHIPPAY   |   |   |                  |                             |  |  |
|---|---|---|------------------|-----------------------------|--|--|
| Complete this report in duplicate at the time of t<br>Send copy to Department of Health and Senior  | the regular monthly preventative m<br>Services; retain original in departm  | aintenance check, and<br>ent file.                            |                  |                             |  |  |
| ALCO SENSOR IV SN<br>111654   | NAME OF AGENCY Platte County Sheriff's Office   |   | 01/06/20         |                             |  |  |
| LOCATION OF INSTRUMENT (STREET AND CITY) 11724 NW PLAZA CIR, KANSAS CITY  |   | 1:19 am   |                  |                             |  |  |
| CHECKLIST: Place a mark in the box by each ite  | m if found to be satisfactory or if op  | erating within establish                                      | ed 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)  |   |   |                  |                             |  |  |
|   |   |   |                  |                             |  |  |
| TIME AND DATE DISPLAYING PROPERLY   |   |   |                  |                             |  |  |
| BREATH ALCOHOL ACCURACY STANDARD  | S   |   |                  |                             |  |  |
| ☐ SIMULATOR SOLUTION  | SIMULATOR SOLUTION  ☐ COMPRESSED ETHANOL-GAS MIXTURE  |   |                  |                             |  |  |
| STANDARD SUPPLIER Intoximeters, Inc   | ARD SUPPLIER Intoximeters, Inc. LOT # AG309501 EXP. DATE 04/05/2025   |   |                  |                             |  |  |
| SIMULATOR TEMPERATURE (34°C ± 0.2°  | C) SIM. SN  | SIM. I  | NIST EXP         | DATE                        |  |  |
| CALIBRATION CHECK – (ONLY ONE STAND Run three tests using a standard solution. A less. Check the box corresponding to the standard solution. A less. Check the box corresponding to the standard - MUST READ BE 0.080% STANDARD - MUST READ BE 0.040% STANDARD - MUST READ BE | All three tests must be within ±5%<br>andard solution being used. (PRIN<br>ETWEEN 0.095% and 0.105% INC<br>ETWEEN 0.076% and 0.084% INC | of the standard value a<br>TOUT ATTACHED)<br>LUSIVE<br>LUSIVE | and must         | have a spread of .005 or    |  |  |
| TEST 1 <b>☞</b> 0.095   | ST 2 0.096  | TEST 3 <b>☞</b> 0.0   | 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)   |   |   |                  |                             |  |  |
| (DO NOT INCLUDE SELF-ADMINIOTERED TE  | 1   | £.  | 1                |                             |  |  |
| REFUSALS 0 (004) 0  | (.0509) 2 (.1014)   | 3 (.1519)   | 2                | (OVER .19) 1                |  |  |
| List any new parts and describe any alteration established limits (use other side if necessary).  |   | restore the instrument  | to operat        | e satisfactorily and within |  |  |
| INSPECTING OFFICER  |   | DOINT NAME  |                  |                             |  |  |
| SIGNATURE   |   | PRINT NAME Daniel Gear  | hart             |                             |  |  |
| TYPE IT PERMIT NUMBER/EXPIRATION DATE   |   |   | TELEPHONE NUMBER |                             |  |  |
| 240092 04/12/2026   | (816) 858-3   | (816) 858-3521  |                  |                             |  |  |
| 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: 111654 Version no: 532B TEST RECORD 00577 9/ Temp Date Time 210L Air Blank: 01/06/25 01:19 .000 Calibration Check: 24 01/06/25 01:19 .095 Subject Name MAINTENANCE Subject I.D. TEST #1 Operator Name, I.D. GEARHART 240092 Location \_\_\_\_ 1724 WW PLAZACIR Kemo\_

AS IV Serial no: 111654 Version no: 532B TEST RECORD 00578 9/ Time 210L Temp Date Air Blank: 01/06/25 01:21 .000 Calibration Check: 24 01/06/25 01:21 .096 Subject Name MAENTENINCE Subject I.D. TET 2 Operator Name, I.D. GEMPHART 240092 Location 11724 NEW PLAZA GIT

AS IV Serial no: 111654 Version no: 532B TEST RECORD 00579 Time 210L Temp Date Air Blank: 01/06/25 01:23 .000 Calibration Check: 24 01/06/25 01:23 .097 Subject Name MALONTONANCO Subject I.D. TEST 3 Operator Name, I.D. GUARHART 240092 Location 11724 NN TLAZA GIR

ILCOM

AS IV Serial no: 111654 Version no: 532B

1Lemo

TEST RECORD 00580

Temp Date Time 210L VOID: RFI 12 01/06/25 01:24

Subject Name

MATRICONANCE

Subject I.D.

Operator Name, I.D.

GRAPHART 240092

Location
11724 NO PLATE CAR

KCMO



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 Certified Concentration 0.100 ± 2% BrAC (272 ppm)

Nitrogen

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<br>209.0 ppm | EB0010559<br>EB0010562 | 258.9 ppm<br>104.2 ppm |
| EB0010285      |                        |                        |                        |
| 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

## DANIEL GEARHART

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. MA 1 INA

| 20 Art Sept. (2000)  | Mike Massur  |
|----------------------|--|
| DATE 4/12/2024       | DIRECTOR OF STATE PUBLIC HEALTH LABORATORY           |
| NUMBER <b>240092</b> | Davla I. Nichelson                                   |
| EXPIRES 4/12/2026    | DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES |
|                      | LAB-4 (R6-1  |

MO 580-0771 (6-10)

LAB-4 (R6-10)

