By Tracy Crews at 1:09 pm, Mar 28, 2025



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

The second secon			-	MEFORT #7	
Complete this report in duplicate at the Send copy to Department of Health and	ime of the regular m Senior Services; reta	nonthly preventative mainten ain original in department file	ance check, and wh	nenever instrument is repaired.	
ALCO SENSOR IV SN 111668		NAME OF AGENCY Buchanan County Sheriff's Office		DATE OF INSPECTION 03/27/2025	
LOCATION OF INSTRUMENT (STREET AND CITY 501 Faraon St, St. Joseph, MO 6450			· TIM	E OF INSPECTION 04 am	
CHECKLIST: Place a mark in the box by	each item if found to	be satisfactory or if operating	within established li	imits. (Write in observed values	
where determined.) Unmarked items mu	st be corrected before	re using instrument.			
DIGITAL READOUT (ALL ELEMENT	S OPERATIONAL)				
TEMPERATURE OF ALCO SENSO	R (10°C - 40°C)				
PRINTER WORKING PROPERLY					
TIME AND DATE DISPLAYING PRO	PERLY				
BREATH ALCOHOL ACCURACY STAN	DARDS				
SIMULATOR SOLUTION					
STANDARD SUPPLIER Intoximete	rs	LOT # AG505603	EXP. DATE 02/27/2027		
☐ SIMULATOR TEMPERATURE (34°C ± 0.2°C)		SIM. SN	SIM. NIST EXP DATE		
less. Check the box corresponding to the standard 0.100% STANDARD - MUST READ BETWEE 0.080% STANDARD - MUST READ BETWEE 0.040% STANDARD - MUST READ BETWEE TEST 1 .100		VEEN 0.095% and 0.105% INCLUSIVE VEEN 0.076% and 0.084% INCLUSIVE		á	
☑ RFI DETECTOR OPERATING		<u> </u>			
INDICATE THE NUMBER OF BREATH (DO NOT INCLUDE SELF-ADMINISTER		LOWING RANGES SINCE		NANCE REPORT:	
REFUSALS (004)	(.05-,09)	(.1014)	(.1519)	(OVER .19)	
List any new parts and describe any alterestablished limits (use other side if necess	eration or modification	['	1 '		
INSPECTING OFFICER SIGNATURE TYPE PERMIT NUMBER/EXPIRATION DATE			PRINT NAME Zackary Craft		
250041 03/18/2027		y ng na pik. i	TELEPHONE NUMBER (816) 236-8800		
Return completed report to the: Brea by m	th Alcohol Program, ail, fax, or email.	MO Department of Health a	nd Senior Services,	Southeast District Office	

MONTHLY MAINTENANCE REPORT ASIV-W/PRINTER

AS IV Serial no: 111668 Version no: 532B

TEST RECORD GOILL

210L Time Date

Air Blank: 83/27/25 88:84 .000 Calibration Check: 24 03/27/25 08:04 .100

Subject Name

Monthly Maintenance Subject OPerator Name. I.D.

536 CRET

50 / Farash Location

らす

St. Joseph Mobilish

AS IV Serial no: 111668 Version no: 532B

ALISA RECORD SOLLY

TIME

Alt Blank

Calibration Check: 24 03/27/25 **68:06.100** 00/27/25 08:06 .000

Subject Name

Monthly Maintenance Subject I.D.

Operator Name, I.D.

Caff Location Faraon St

St. Joseph MU 64501

AS IV Serial no: 111668 Version no: 532B

SIIGS GROOM FOR

e E TOMP

Air Blank: 63/27/25 08:08 .000 25 83/27/25 88:88 ,186 Calibration Checks

Subject Mame

Mosthly Maintenane tierens

Operator Name, I.D.

Cath

Location

501 Faraun St.

St-Joseph MO 64501

AS IV Serial no: 111668 Version no: 532B

TEST RECORD 60114

Time 210L 12 63/27/25 86:18 Date.

Sub Sect. Name

Monthly Maintenance Subject I.D.

Operator Name, I.D.

Cat

501 Faraon St

St. Joseph MOLUSO,



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: 25-Feb-2025

Lot # AG505603 Model 108

Exp Date

Cyl. Type

Component

Certified Concentration

25-Feb-2027

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 EB0010581 391.8 ppm EB0010570 259.8 ppm EB0010285 209.0 ppm EB0010561 103.7 ppm EB0010681 52.22 ppm

RGM Serial No. Concentration EB0010603 392.5 ppm EB0010559 258.9 ppm EB0010562 104.2 ppm EB0010579 52.94 ppm

CRM Serial No. CC727481

Concentration 799.4 ppm

CRM Serial No.

Concentration

CC727496

253.4 ppm

CC727493 CC727498 389.8 ppm 150.2 ppm

Analytical Method: NDIR

Digitally signed by:Quality Control Reason:Dry gas standard certification of analysis Location:Airgas USA LLC (Lab) Date:02.28.2025 07:38

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

ZACKARY CRAFT

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

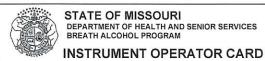
ALCO-SENSOR IV WITH PRINTER, INTOX EC/IR II

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.

DATE3/18/2025		DIRECTOR OF STATE PUBLIC HEALTH LABORATORY		
NUMBER	250041	0		
EXPIRES	3/18/2027	Sarah Willson		
		DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES		

MO 580-0771 (6-10)

LAB-4 (R6-10)



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 CRAFT, ZACKARY

Permit No 250041

Date Issued 3/18/2025 Date Expires 3/18/2027

