RECEIVED

By Tracy Crews at 3:13 pm, Feb 05, 2025



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

THE PARTY OF THE P					
Complete this report in duplicate at the time of Send copy to Department of Health and Senior	the regular monthly preventative mainten Services; retain original in department file	ance check, and wher	never instrument is repaired.		
ALCO SENSOR IV SN 111744	NAME OF AGENCY BOONE COUNTY SHERIFF'S OFF		DF INSPECTION 4/2025		
LOCATION OF INSTRUMENT (STREET AND CITY) 2111 E. COUNTY DR, COLUMBIA, MO			OF INSPECTION		
CHECKLIST: Place a mark in the box by each ite	em if found to be satisfactory or if operating	within established limi	ts. (Write in observed values		
where determined.) Unmarked items must be co					
☑ DIGITAL READOUT (ALL ELEMENTS OPE	ERATIONAL)				
✓ TEMPERATURE OF ALCO SENSOR (10°C - 40°C)					
PRINTER WORKING PROPERLY			3.00		
☑ TIME AND DATE DISPLAYING PROPERLY	(
BREATH ALCOHOL ACCURACY STANDARDS	5				
☐ SIMULATOR SOLUTION	☑ COMPRESSE	D ETHANOL-GAS MIX	KTURE		
STANDARD SUPPLIER INTOXIMETERS	LOT # AG430402	EXP. DATE 10/30	/2026		
☐ SIMULATOR TEMPERATURE (34°C ± 0.2°C	C) SIM. SN	SIM. NIST EX	XP DATE		
0.080% STANDARD - MUST READ BE	andard solution being used. (PRINTOUT A TWEEN 0.095% and 0.105% INCLUSIVE TWEEN 0.076% and 0.084% INCLUSIVE TWEEN 0.038% and 0.042% INCLUSIVE	TTACHED) : :	st have a spread of .005 or		
TEST 1 ▼ .096	ST 2 .096	TEST 3 • .096			
☑ RFI DETECTOR OPERATING		The second secon			
INDICATE THE NUMBER OF BREATH TESTS		HE LAST MAINTENA	NCE REPORT:		
(DO NOT INCLUDE SELF-ADMINISTERED TES	STS)				
REFUSALS 0 (004) 1 (.	0509) 3 (.1014) 1	(.1519) 1	(OVER .19) 1		
List any new parts and describe any alteration of established limits (use other side if necessary). INSTRUMENT CALIBRATED. CLOCK ADJESTABLISHED LIMITS.					
NSPECTING OFFICER					
SIGNATURE		PRINT NAME JOHNATHAN WELLS			
YPEN PERMIT NUMBER/EXPIRATION DATE		ELEPHONE NUMBER	.5		
240088, 04/05/2026		(573) 875-1111			
Return completed report to the: Breath Alcoho by mail, fax, or	ol Program, MO Department of Health and or email.	d Senior Services, Sou	Itheast District Office		

AS IV Serial no: 111744 Version no: 532B

Calibration Check: 26 02/04/25 17:46 Air Blank: 92/84/25 17:46 TEST RICORD 88958 Date Time ZIML 5 . 896 . 999

Sub-ject Name

lest One

Monthly Maintnana Gerator Hame: I.D.

J. Well 240088

Columbia, MO

Subject I.D.

Location

2111 E. Commy or

AS IV Serial no: 111744 Version no: 532D

Air Blank: 02/04/25 17:49 .000 Calibration Check: 26 02/04/25 17:49 .096 Temp Nate Time 2181 TEST RECORD 80951

Subject Name

Subject I.I. Test Two

Monthly Mantnone
Operator Name: J.D.

J. Well JHOOBS Total Ion

all E. county Dr

Columbia, Mp

AS IV Serial not 111744 Version not 532D

Calibration Check: 27 02/04/75 17:52 .096 Temp Date Time 218L Air Blanks TEST RECORD 88952 02/04/25 17:52

Test Three

Operator Name, I.D. Monthly maintrance

J. WELL JYSOBS

2111 E. County Dr

and manning

AS IV Serial no: 111744 Version no: 532B

UOID: RFI 12 82/84/25 17:54 Tens Date TEST RECORD 86953 Time ZIMI

Subject Name PF1

Substept I.I

Monthly maintonals Operator Name: I.D.

J. Well 2400BB LOCAL TON

JUL E. Wounty or

Columbia, MO



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: 30-Oct-2024

389.8 ppm

150.2 ppm

Lot # AG430402 Model 108

Exp Date 30-Oct-2026 Cyl. Type 108 Component Ethanol **Certified Concentration**

Linan

Nitrogen

0.100 ± 2% BrAC (272 ppm)

Certification Traceable to N.I.S.T. RGM and to CRM Ethanol Standards:

799.4 ppm

253.4 ppm

RGM Serial No. EB0010581 EB0010570	Concentration 391.8 ppm 259.8 ppm	RGM Serial No. EB0010603 EB0010559	Concentration 392.5 ppm 258.9 ppm
EB0010285 EB0010561 EB0010681	209.0 ppm 103.7 ppm 52.22 ppm	EB0010562 EB0010579	104.2 ppm 52.94 ppm
CRM Serial No.	Concentration	CRM Serial No.	Concentration

Analytical Method: NDIR

CC727481

CC727496

Digitally signed by:Quality Control Reason:Dry gas standard certification of analysis Location:Airgas USA LLC (Lab) Date:11.01.2024 07:41

Approved for Release:

Yusef Woods

CC727493

CC727498

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 JOHNATHAN WELLS

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	4/2/2024	Mike Massur
		DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER	240088	
		Davla J. Nichelson
EXPIRES	4/2/2026	Tomas. I perselson
		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 WELLS, JOHNATHAN

Permit No 240088

Date Issued 4/2/2024 Date Expires 4/2/2026

