



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 STATE PUBLIC HEALTH LABORATORY
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 043580	NAME OF AGENCY 01/Saint Charles County Police Department	DATE OF INSPECTION 01/14/2023
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LOCATION OF INSTRUMENT (STREET AND CITY) 101 Sheriff Dierker Court, O'Fallon, Missouri 63366	TIME OF INSPECTION 11:45 am
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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</u>	LOT # <u>AG109701</u> EXP. DATE <u>04/07/2023</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 • .077	TEST 2 • .078	TEST 3 • .078
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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	(0-.04)	0	(.05-.09)	0	(.10-.14)	0	(.15-.19)	0	(OVER .19)	0
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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).

INSPECTING OFFICER

SIGNATURE <i>Cpl. [Signature]</i>	PRINT NAME Mike Johnson
TYPE II PERMIT NUMBER/EXPIRATION DATE 220150 / 05-25-2024	TELEPHONE NUMBER (636) 949-3000

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: 043500
Version no: 532C

TEST RECORD 00536

Temp Date Time ^{s/} 210L

Air Blank:
01/14/23 11:45 .000
Calibration Check:
21 01/14/23 11:45 .077

Subject Name

Test #1

Subject I.D.

Operator Name, I.D.

Cpl. Johnson 220150

Location

SCPD

AS IV Serial no: 043500
Version no: 532C

TEST RECORD 00537

Temp Date Time ^{s/} 210L

Air Blank:
01/14/23 11:46 .000
Calibration Check:
21 01/14/23 11:46 .078

Subject Name

Test #2

Subject I.D.

Operator Name, I.D.

Cpl. Johnson 220150

Location

SCPD

AS IV Serial no: 043500
Version no: 532C

TEST RECORD 00538

Temp Date Time ^{s/} 210L

Air Blank:
01/14/23 11:47 .000
Calibration Check:
22 01/14/23 11:47 .078

Subject Name

Test #3

Subject I.D.

Operator Name, I.D.

Cpl. Johnson 220150

Location

SCPD

AS IV Serial no: 043500
Version no: 532C

TEST RECORD 00539

Temp Date Time ^{s/} 210L

VOID: RTI
12 01/14/23 11:49

Subject Name

ESI Test

Subject I.D.

Operator Name, I.D.

Cpl. Johnson 220150

Location

SCPD

AS IV Serial no: 043500
Version no: 532C

TEST RECORD 00540

Temp Date Time ^{s/} 210L

Air Blank:
01/14/23 11:50 .000
Subject Test: Auto
23 01/14/23 11:50 .000

Subject Name

Self-Test

Subject I.D.

Operator Name, I.D.

Cpl. Johnson 220150

Location

SCPD



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: 7-Apr-2021

Lot # AG109701 Model 108cacc

<u>Exp. Date</u> 7-Apr-2023	<u>Cyl. Type</u> 108	<u>Component</u> Ethanol Nitrogen	<u>Certified Concentration</u> 0.082 ± 0.002 BrAC (223 ppm) Balance
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Certification Traceable to N.I.S.T. RGM and to CRM Ethanol Standards:

<u>RGM Serial No.</u> EB0010581 EB0010570 EB0010285 EB0010561 EB0010681	<u>Concentration</u> 392.1 ppm 259.8 ppm 208.0 ppm 103.6 ppm 52.12 ppm	<u>RGM Serial No.</u> EB0010603 EB0010559 EB0010595 EB0010562 EB0010579	<u>Concentration</u> 393.0 ppm 258.2 ppm 208.3 ppm 104.2 ppm 52.81 ppm
<u>CRM Serial No.</u> CC727481 CC727496	<u>Concentration</u> 800.0 ppm 253.0 ppm	<u>CRM Serial No.</u> CC727493 CC727498	<u>Concentration</u> 390.0 ppm 150.0 ppm

Analytical Method: NDIR

Digitally signed by Quality Control
 Date: 2021.04.07 17:42:01 -05:00
 Reason: Dry gas standard certification of analysis
 Location: Airgas USA LLC (Lab)

Approved for Release: _____

Rod Marsala

ISO 17025:2005 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

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PERMIT
TYPE II
MIKE JOHNSON

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.

DATE 5/25/2022

NUMBER 220150

EXPIRES 5/25/2024

Mike Maxson

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

David J. Nielsen

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 680-0771 (6-10)

LAB-4 (R8-10)

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 **JOHNSON, MIKE**
 Permit No **220150**
 Date issued **5/25/2022** Date Expires **5/25/2024**

