



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 087971	NAME OF AGENCY CARROLLTON POLICE DEPARTMENT	DATE OF INSPECTION 10/02/2023
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LOCATION OF INSTRUMENT (STREET AND CITY) 1320 US 65 N., CARROLLTON, MO, 64633	TIME OF INSPECTION 1:20 A.M.
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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

SIMULATOR SOLUTION COMPRESSED ETHANOL-GAS MIXTURE

STANDARD SUPPLIER INTOXIMETERS INC. LOT # AG304002 EXP. DATE 02/09/2025

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 .100	TEST 2 .100	TEST 3 .100
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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-.04)	(.05-.09) 2	(.10-.14) 1	(.15-.19) 1	(OVER .19)
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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).

Maintenance conducted in accordance with DHSS standards.

INSPECTING OFFICER

SIGNATURE 	PRINT NAME WILLIAM BAGER
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TYPE II PERMIT NUMBER/EXPIRATION DATE 230029/2-17-2025	TELEPHONE NUMBER (660) 542-3128
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Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office by mail, fax, or email.

CARROLLTON POLICE DEPARTMENT-BREATH ALCOHOL PROGRAM

AS IV Serial no: 087971
Version no: 582B

TEST RECORD 00446

Temp Date Time 210L

Air Blank: 10/02/23 01:20 .000
Calibration Check: 22 10/02/23 01:20 .100

Subject Name
TEST #1

Subject I.D.

Operator Name: I.D.

W. BARGER #230029

Location

1320 US 65 N

CARROLLTON, MO,

64633

TEST #1

AS IV Serial no: 087971
Version no: 582B

TEST RECORD 00447

Temp Date Time 210L

Air Blank: 10/02/23 01:22 .000
Calibration Check: 22 10/02/23 01:22 .100

Subject Name
TEST #2

Subject I.D.

Operator Name: I.D.

W. BARGER #230029

Location

1320 US 65 N

CARROLLTON, MO,

64633

TEST #2

AS IV Serial no: 087971
Version no: 582B

TEST RECORD 00448

Temp Date Time 210L

Air Blank: 10/02/23 01:25 .000
Calibration Check: 22 10/02/23 01:25 .100

Subject Name
TEST #3

Subject I.D.

Operator Name: I.D.

W. BARGER #230029

Location

1320 US 65 N

CARROLLTON, MO,

64633

TEST #3

AS IV Serial no: 087971
Version no: 582B

TEST RECORD 00449

Temp Date Time 210L

VOID: RFI
12 10/02/23 01:26

Subject Name
RFI TEST

Subject I.D.

Operator Name: I.D.

W. BARGER #230029

Location

1320 US 65 N

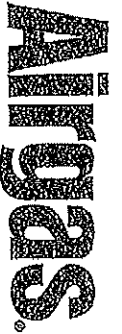
CARROLLTON, MO,

64633

RFI TEST

AS-IV S/N: 087971 Type II Permit Holder: William Barger #230029-Exp: 02/17/2025 Date of Maintenance Report: 10/2/2023

Carrollton Police Department AS-IV Monthly Maintenance Report



Airgas USA LLC (LAB)
3500 Bernard Street
St. Louis, Mo. 63103
Ph: (314) 533-3100
Fax: (314) 533-7328

Certificate of Analysis

Test Date: 9-Feb-2023

Customer Name
Exclusive Supplier
Informeters, Inc.
2081 Craig Road
St. Louis, Mo 63146

Lot # AG304002 Model 108

Exp Date 9-Feb-2025 Cyl. Type 108 Component Ethanol Nitrogen Certified Concentration 0.100 ± 2% B/A/C (272 ppm)

Certification Traceable to NIST 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
EB0010581	103.7 ppm	EB0010579	52.94 ppm
EB0010681	52.22 ppm		

CRM Serial No.	Concentration	CRM Serial No.	Concentration
CCT27481	800.0 ppm	CCT27493	390.0 ppm
CCT27496	253.0 ppm	CCT27498	150.0 ppm

Analytical Method: NDIR

Digitally signed by Rod Mairsalla
DN: cn=Rod Mairsalla, o=Airgas USA LLC (LAB),
email=rod.mairsalla@airgas.com

Approved for Release:

Rod Mairsalla
Rod Mairsalla

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

WILLIAM BARGER



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 806.111 through 806.119 RSMo.

DATE 2/17/2023 _____
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 230029 _____
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

EXPIRES 2/17/2025 _____
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

FAO 884-0771 (0-10) _____
LAB-4 (00-40)

STATE OF MISSOURI
DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM

INSTRUMENT OPERATOR CARD

This number card must be attached to operators on certified breath alcohol instruments for the administration of the alcoholic content of breath from an operator of the instrument.

Operator: BARGER, WILLIAM
Permit No: 230029 Date Expired: 2/17/2025
Card Number: 21772823

