



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 11/01/2023
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LOCATION OF INSTRUMENT (STREET AND CITY) 1320 US 65 N., CARROLLTON, MO, 64633	TIME OF INSPECTION 9:24 P.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

<input type="checkbox"/> SIMULATOR SOLUTION	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>INTOXIMETERS INC.</u>	LOT # <u>AG304002</u> EXP. DATE <u>02/09/2025</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 .103	TEST 2 .103	TEST 3 .102
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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) 2	(.05-.09) 3	(.10-.14)	(.15-.19)	(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
TYPE II PERMIT NUMBER/EXPIRATION DATE 230029/2-17-2025	TELEPHONE NUMBER (660) 542-3128

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 00455

Temp	Date	Time	%
Air Blank:			
	11/01/23	21:24	.000
Calibration Check:			
	19 11/01/23	21:24	.108

Subject Name: TEST #1
Subject I.D.

AS IV Serial no: 087971
Version no: 582B

TEST RECORD 00456

Temp	Date	Time	%
Air Blank:			
	11/01/23	21:26	.000
Calibration Check:			
	19 11/01/23	21:26	.108

Subject Name: TEST #2
Subject I.D.

AS IV Serial no: 087971
Version no: 582B

TEST RECORD 00457

Temp	Date	Time	%
Air Blank:			
	11/01/23	21:28	.000
Calibration Check:			
	28 11/01/23	21:28	.102

Subject Name: TEST #3
Subject I.D.

AS IV Serial no: 087971
Version no: 582B

TEST RECORD 00458

Temp	Date	Time	%
VOID: RFI			
	12 11/01/23	21:30	

Subject Name: RFI TEST
Subject I.D.

Operator Name, I.D.
W. BARGER #230029

Location

1320 US 65 N

CARROLLTON, MO,

64633

Operator Name, I.D.
W. BARGER #230029

Location

1320 US 65 N

CARROLLTON, MO,

64633

Operator Name, I.D.
W. BARGER #230029

Location

1320 US 65 N

CARROLLTON, MO,

64633

Operator Name, I.D.
W. BARGER #230029

Location

1320 US 65 N

CARROLLTON, MO,

64633

TEST #1

TEST #2

TEST #3

RFI TEST

AS-IV S/N: 087971 Type II Permit Holder: William Barger #230029-Exp: 02/17/2025 Date of Maintenance Report: 11/1/2023

Carrollton Police Department AS-IV Monthly Maintenance Report

AIRGAS

Airgas USA LLC (LAB)
3570 Bernard Street
St. Louis, Mo. 63103
Pte (314) 533-3100
Fax: (314) 533-7228

Certificate of Analysis

Test Date: 9-Feb-2023

Customer Name
Exclusive Supplier
Incochems, Inc.
2031 Craig Road
St. Louis, Mo 63146

Lot # AG304002 Model 108

Exp Date
9-Feb-2025

Cyl. Type
108

Component
Ethanol
Nitrogen

Certified Concentration
0.10% ± 2% BPA (272 ppm)

Certification Traceable to NLS-ST, RGM and to CRM Ethanol Standards:

RGM Serial No.	Concentration	RGM Serial No.	Concentration
EB0010587	391.8 ppm	EB0010583	392.5 ppm
EB0010570	259.8 ppm	EB0010555	258.9 ppm
EB0010285	209.8 ppm	EB0010562	104.2 ppm
EB0010561	103.7 ppm	EB0010579	52.94 ppm
EB0010881	32.22 ppm		

CRM Serial No.	Concentration
CC727481	800.0 ppm
CC727495	253.0 ppm

CRM Serial No.	Concentration
CC727493	390.0 ppm
CC727498	150.0 ppm

Analytical Method: NDIR

This is a preliminary report. It is not to be used for legal or regulatory purposes. The information is provided for your information only. All data are subject to change without notice. (Lab)

Approved for Release: Rod Marsala
Rod Marsala

ISO 17025:2017 A2L4 accredited, Certificate Number 3082.05
ISO 17034:2016 A2L4 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 306.111 through 306.119 F.S.Mo.

W. De Mearns

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

David F. McCallister

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LSH 4 (9-84)

DATE 2/17/2023

NUMBER 23M125

EXPIRES 2/17/2025

LSH 204-977 (9-18)

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

INSTRUMENT OPERATOR CARD

This permit cardholder is authorized to operate an alcohol breathalyzer which is instrument specific and identification of the specific instrument is required at the time of use.

Operator: **BARGER, WILLIAM**
 Permit No: **23M125**
 Date Issued: **2/17/2023** Date Expires: **2/17/2025**

