



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 12/03/2023
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LOCATION OF INSTRUMENT (STREET AND CITY) 1320 US 65 N., CARROLLTON, MO, 64633	TIME OF INSPECTION 10:40 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
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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 ➔ .099	TEST 2 ➔ .098	TEST 3 ➔ .097
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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)	(.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).

Updated Time due to Daylight Savings Time Change
 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: 5828

TEST RECORD 00464

Temp Date Time 210L S/

Air Blank: 12/08/23 22:40 .000
Calibration Check: 22 12/08/23 22:40 .099

Subject Name
TEST #1

Subject I.D.

AS IV Serial no: 087971
Version no: 5828

TEST RECORD 00465

Temp Date Time 210L S/

Air Blank: 12/08/23 22:42 .000
Calibration Check: 23 12/08/23 22:42 .098

Subject Name
TEST #2

Subject I.D.

AS IV Serial no: 087971
Version no: 5828

TEST RECORD 00466

Temp Date Time 210L S/

Air Blank: 12/08/23 22:44 .000
Calibration Check: 24 12/08/23 22:44 .097

Subject Name
TEST #3

Subject I.D.

AS IV Serial no: 087971
Version no: 5828

TEST RECORD 00467

Temp Date Time 210L S/

0070: RFI
12 12/08/23 22:51

Subject Name
RFI TEST

Subject I.D.

Operator Name, I.D.

W. BARGER #230029

Location

1320 N. US 65

CARROLLTON, MO,

64633

Operator Name, I.D.

W. BARGER #230029

Location

1320 N. US 65

CARROLLTON, MO,

64633

Operator Name, I.D.

W. BARGER #230029

Location

1320 N US 65

CARROLLTON, MO,

64633

Operator Name, I.D.

W. BARGER #230029

Location

1320 N. US 65

CARROLLTON, MO,

64633

TEST #1

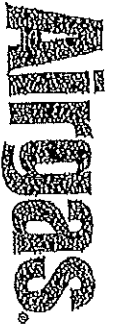
TEST #2

TEST #3

RFI TEST

AS-IV S/N: 087971 Type II Permit Holder: William Barger #230029-Exp: 02/17/2025 Date of Maintenance Report: 12/3/2023

Carrollton Police Department AS-IV Monthly Maintenance Report



AIRAS USA LLC (LAB)
 3500 Bernard Street
 St. Louis, Mo. 63103
 Ph: (314) 533-4100
 Fax: (314) 533-7328

Certificate of Analysis

Test Date: 9-Feb-2023

Customer Name
 Exclusive Supplier
 Intodmeiers, 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% BAC (212 ppm)

Certification Traceable to NLS-IT RGM and to CRM Ethanol Standards:

RGM Serial No. Concentration
 EB00105871 391.8 ppm
 EB0010570 259.8 ppm
 EB0010285 209.4 ppm
 EB0010581 103.7 ppm
 EB0010984 32.22 ppm

RGM Serial No. Concentration
 EB0010603 392.5 ppm
 EB0010555 258.9 ppm
 EB0010582 104.2 ppm
 EB0010579 32.94 ppm

CRM Serial No. Concentration
 CCTZ7481 800.0 ppm
 CCTZ7498 253.0 ppm

CRM Serial No. Concentration
 CCTZ7493 390.0 ppm
 CCTZ7498 150.0 ppm

Analytical Method: NDIR

Directly related to the control
 parameters of the test method (see
 the test method for details)
 Reference: 3082.07

Approved for Release:

Rod Malsala
 Rod Malsala

ISO 17025:2017 AZL A accredited, Certificate Number 3082.06
 ISO 17034:2016 AZL A accredited, Certificate Number 3082.07



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

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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 exhaled air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

W. L. Johnson

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DATE 2/17/2023

NUMBER 23M029

David F. Nickerson

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

EXPIRES 2/17/2025

Use of form

120-389-077 (9-16)

STATE OF MISSOURI
DEPARTMENT OF HEALTH AND SENIOR SERVICES
Breath Alcohol Program

INSTRUMENT OPERATOR CARD

This permit is valid only for the operator named on this card. It is not valid for any other operator. The operator must be authorized to operate an Alcotest breath alcohol analyzer. For Missouri, the operator must be authorized to operate an Alcotest breath alcohol analyzer. For Missouri, the operator must be authorized to operate an Alcotest breath alcohol analyzer.

Operator: **WILLIAM BARGER**
Permit No: **23M029** Date Issued: **2/17/2023**