



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 100288 | NAME OF AGENCY St. Louis County Police Department | DATE OF INSPECTION 06/26/2023 |
| LOCATION OF INSTRUMENT (STREET AND CITY) 16860 Main St 6th Precinct | | TIME OF INSPECTION 1:02 pm |

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 LOT # AG01204801 EXP. DATE 02/17/2024

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 ➡ .097

TEST 2 ➡ .098

TEST 3 ➡ .097

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 |
|----------|---|---------|---|-----------|---|-----------|---|-----------|---|------------|---|

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

PRINT NAME
 PO Tosie DSN 4553

TYPE II PERMIT NUMBER/EXPIRATION DATE
 220173 06/24/2024

TELEPHONE NUMBER
 (636) 529-8210

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: 100200
Version no: 532B

TEST RECORD 00757

Temp Date Time 210L

Air Blank:
06/26/23 13:02 .000
Calibration Check:
21 06/26/23 13:02 .000

Subject Name

Test #1

Subject I.D.

N/A

Operator Name, I.D.

P.O. Tose 4553

Location

6th Precinct

AS IV Serial no: 100200
Version no: 532B

TEST RECORD 00758

Temp Date Time 210L

Air Blank:
06/26/23 13:04 .000
Calibration Check:
21 06/26/23 13:04 .000

Subject Name

Test #2

Subject I.D.

N/A

Operator Name, I.D.

P.O. Tose 4553

Location

6th Precinct

AS IV Serial no: 100200
Version no: 532B

TEST RECORD 00759

Temp Date Time 210L

Air Blank:
06/26/23 13:06 .000
Calibration Check:
22 06/26/23 13:06 .000

Subject Name

Test #3

Subject I.D.

N/A

Operator Name, I.D.

P.O. Tose 4553

Location

6th Precinct

AS IV Serial no: 100200
Version no: 532B

TEST RECORD 00760

Temp Date Time 210L

VOID: RTI
12 06/26/23 13:07

Subject Name

RTI

Subject I.D.

N/A

Operator Name, I.D.

P.O. Tose 4553

Location

6th Precinct



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



**PERMIT
 TYPE II**

ROBERT TOSIE

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 6/24/2022

NUMBER 220173

EXPIRES 6/24/2024

Mike Massman

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Paula J. Nicholson

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R6-10)

 **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 TOSIE, ROBERT
 Permit No 220173
 Date Issued 6/24/2022 Date Expires 6/24/2024

