



**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 107989	NAME OF AGENCY FLORISSANT POLICE DEPARTMENT	DATE OF INSPECTION 04/03/2023
LOCATION OF INSTRUMENT (STREET AND CITY) 1700 US HWY 67		TIME OF INSPECTION 1:45 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 # AG304601 EXP. DATE 02/15/2025

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 .098

TEST 2 .097

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-.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).

Instrument functioning withing DHSS guidelines

**INSPECTING OFFICER**

SIGNATURE

PRINT NAME  
Kyle Feldmann

TYPE II PERMIT NUMBER/EXPIRATION DATE  
220242 10/05/2024

TELEPHONE NUMBER  
(314) 831-7000

**Return completed report to the:** Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office by mail, fax, or email.

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
04/03/23 13:45 .000  
Calibration Check:  
24 04/03/23 13:45 .098

Subject Name  
TEST 1  
Subject I.D.

Operator Name, I.D.  
FELDMANN 224042  
Location  
FPD

AS IV Serial no: 107989  
Version no: 532B

TEST RECORD 01303

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
04/03/23 13:47 .000  
Calibration Check:  
24 04/03/23 13:47 .097

Subject Name  
TEST 2  
Subject I.D.

Operator Name, I.D.  
FELDMANN 224042  
Location  
FPD

AS IV Serial no: 107989  
Version no: 532B

TEST RECORD 01304

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
04/03/23 13:49 .000  
Calibration Check:  
25 04/03/23 13:49 .097

Subject Name  
TEST 3  
Subject I.D.

Operator Name, I.D.  
FELDMANN 224042  
Location  
FPD

AS IV Serial no: 107989  
Version no: 532B

TEST RECORD 01305

Temp Date Time <sup>s/</sup> 210L

VOID: RFI  
12 04/03/23 13:51

Subject Name  
RFI  
Subject I.D.

Operator Name, I.D.  
FELDMANN 224042  
Location  
FPD

AS IV Serial no: 107989  
Version no: 532B

TEST RECORD 01306

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
04/03/23 13:52 .000  
Subject Test: Auto  
25 04/03/23 13:52 .000

Subject Name  
BLANK  
Subject I.D.

Operator Name, I.D.  
FELDMANN 224042  
Location  
FPD





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



**PERMIT**  
**TYPE II**  
**KYLE J. FELDMANN**

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 EC/IR II**

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 10/5/2022

NUMBER 220242

EXPIRES 10/5/2024

*Mike Mason*

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** FELDMANN, KYLE  
**Permit No** 220242  
**Date Issued** 10/5/2022 **Date Expires** 10/5/2024

