



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 108393 | NAME OF AGENCY St. Louis County Police Department | DATE OF INSPECTION 11/27/2023 |
| LOCATION OF INSTRUMENT (STREET AND CITY) 14301 South Outer 40 Rd | | TIME OF INSPECTION 11:10 am |

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 # AG321505 EXP. DATE 08/03/2025

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 ➔ .102 | TEST 2 ➔ .101 | TEST 3 ➔ .100 |
|---------------|---------------|---------------|

- 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) |
|----------|---------|-----------|-----------|-----------|------------|

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 <i>P.O. S. White</i> | PRINT NAME Officer Michael White |
| TYPE II PERMIT NUMBER/EXPIRATION DATE 230233 10/31/2025 | 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: 188393
Version no: 532B

TEST RECORD 88794

Temp Date Time 218L

Air Blank:
11/27/23 12:09 .006
Calibration Check:
19 11/27/23 12:09 .192

Subject Name

Test 1

Subject I.D.

~~188393~~

Operator Name: I.D.

White 4412

Location

14301 S Outer 40

AS IV Serial no: 188393
Version no: 532B

TEST RECORD 88795

Temp Date Time 218L

Air Blank:
11/27/23 12:11 .006
Calibration Check:
20 11/27/23 12:11 .191

Subject Name

Test

Subject I.D.

2

Operator Name: I.D.

White 4412

Location

14301 S Outer 40

AS IV Serial no: 188393
Version no: 532B

TEST RECORD 88796

Temp Date Time 218L

Air Blank:
11/27/23 12:13 .006
Calibration Check:
21 11/27/23 12:13 .192

Subject Name

Test

Subject I.D.

3

Operator Name: I.D.

White 4412

Location

14301 S Outer 40

AS IV Serial no: 188393
Version no: 532B

TEST RECORD 88797

Temp Date Time 218L

VOID: RTI
12 11/27/23 12:16

Subject Name

Test

Subject I.D.

NAI

Operator Name: I.D.

White 4412

Location

14301 S Outer 40



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

Certificate of Analysis

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

Test Date: 3-Aug-2023

Lot # AG321505 **Model** 108

| | | | |
|-----------------|------------------|---------------------|--------------------------------|
| Exp Date | Cyl. Type | Component | Certified Concentration |
| 3-Aug-2025 | 108 | Ethanol Nitrogen | 0.100 ± 2% BrAC (272 ppm) |

Certification Traceable to N.I.S.T. 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 |
| EB0010561 | 103.7 ppm | EB0010579 | 52.94 ppm |
| EB0010681 | 52.22 ppm | | |

| CRM Serial No. | Concentration | CRM Serial No. | Concentration |
|----------------|---------------|----------------|---------------|
| CC727481 | 800.0 ppm | CC727493 | 390.0 ppm |
| CC727496 | 253.0 ppm | CC727498 | 150.0 ppm |

Analytical Method: NDIR

Digitally signed by: Quality Control
 Reason: Dry gas standard certification of analysis
 Location: Airgas USA LLC (Lab)
 Date: 08.03.2023 17:58



Approved for Release: _____

Yusef Woods

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**

MICHAEL WHITE

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 10/31/2023

NUMBER 230233

EXPIRES 10/31/2025

Mike Masman

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Paula J. Nielson

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO:SPQ: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 **WHITE, MICHAEL**
 Permit No **230233**
 Date Issued **10/31/2023** Date Expires **10/31/2025**

