



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 111647 | NAME OF AGENCY NORMANDY POLICE DEPARTMENT | DATE OF INSPECTION 09/24/2023 |
| LOCATION OF INSTRUMENT (STREET AND CITY) 7700 NATURAL BRIDGE ROAD, NORMANDY | | TIME OF INSPECTION 3:03 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 INTOXIMETER LOT # AG127802 EXP. DATE 10/05/2023
- 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 .082 | TEST 2 .082 | TEST 3 .081 |
|--------------|--------------|--------------|

- 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 | PRINT NAME THOMAS MOORE #325 |
| TYPE II PERMIT NUMBER/EXPIRATION DATE 220193/08-08-2024 | TELEPHONE NUMBER (314) 385-3300 |

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



**Normandy Police Department
BAC Maintenance Test Result
Instrument: Intoximeter AS-IV S/N: 111647**



AS IV Serial no: 111647
Version no: 532B
TEST RECORD 00419

| Temp | Date | Time | 210L | s/ |
|--------------------|-------------|-------|------|----|
| Air Blank: | | | | |
| | 09/24/23 | 03:03 | .000 | |
| Calibration Check: | | | | |
| | 20 09/24/23 | 03:03 | .082 | |

Subject Name: BAC MAINT
Subject I.D.:

Operator Name, I.D.: Moore 325 / 220193
Location: 7700 NATURAL BR. RD
NORMANDY, MO 63121

AS IV Serial no: 111647
Version no: 532B
TEST RECORD 00420

| Temp | Date | Time | 210L | s/ |
|-------------------|-------------|-------|------|----|
| Air Blank: | | | | |
| | 09/24/23 | 03:05 | .000 | |
| Subject Test: Man | | | | |
| | 21 09/24/23 | 03:05 | .082 | |

Subject Name: BAC MAINT
Subject I.D.:

Operator Name, I.D.: Moore 325 / 220193
Location: 7700 NATURAL BR RD
NORMANDY, MO 63121

AS IV Serial no: 111647
Version no: 532B
TEST RECORD 00421

| Temp | Date | Time | 210L | s/ |
|-------------------|-------------|-------|------|----|
| Air Blank: | | | | |
| | 09/24/23 | 03:06 | .000 | |
| Subject Test: Man | | | | |
| | 22 09/24/23 | 03:06 | .081 | |

Subject Name: BAC MAINT
Subject I.D.:

Operator Name, I.D.: Moore 325 / 220193
Location: 7700 NATURAL BR RD
NORMANDY, MO 63121

AS IV Serial no: 111647
Version no: 532B
TEST RECORD 00422

| Temp | Date | Time | 210L | s/ |
|-----------|-------------|-------|------|----|
| VOID: RFI | | | | |
| | 12 09/24/23 | 03:08 | | |

Subject Name: BAC MAINT
Subject I.D.:

Operator Name, I.D.: Moore 325 / 220193
Location: 7700 NATURAL BR RD
NORMANDY, MO 63121



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: 5-Oct-2021

Lot # AG127802 Model 108cacd

| <u>Exp. Date</u> | <u>Cyl. Type</u> | <u>Component</u> | <u>Certified Concentration</u> |
|------------------|------------------|------------------|--------------------------------|
| 5-Oct-2023 | 108 | Ethanol | 0.080 ± 0.002 BrAC (218 ppm) |
| | | Nitrogen | Balance |

Certification Traceable to N.I.S.T. RGM and to CRM Ethanol Standards:

| <u>RGM Serial No.</u> | <u>Concentration</u> | <u>RGM Serial No.</u> | <u>Concentration</u> |
|-----------------------|----------------------|-----------------------|----------------------|
| EB0010581 | 392.1 ppm | EB0010603 | 393.0 ppm |
| EB0010570 | 259.8 ppm | EB0010559 | 258.2 ppm |
| EB0010285 | 208.0 ppm | EB0010595 | 208.3 ppm |
| EB0010561 | 103.6 ppm | EB0010562 | 104.2 ppm |
| EB0010681 | 52.12 ppm | EB0010579 | 52.81 ppm |

| <u>CRM Serial No.</u> | <u>Concentration</u> | <u>CRM Serial No.</u> | <u>Concentration</u> |
|-----------------------|----------------------|-----------------------|----------------------|
| CC434668 | 800.0 ppm | 0056649 | 390.1 ppm |
| CC234503 | 253.0 ppm | 0056662 | 150.2 ppm |

Analytical Method: NDIR

Digitally signed by Quality Control
 Date: 2021.10.05 18:55:05 -05:00
 Reason: Dry gas standard certification of analysis
 Location: Airgas USA LLC (Lab)

Approved for Release:

 Rod Marsala

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

2

PERMIT
TYPE II
THOMAS M. MOORE

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 RSMo.

DATE 8/8/2022

NUMBER 220193

EXPIRES 8/8/2024

Mike Mason

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Paula J. Nickelson

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

 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 MOORE, THOMAS
 Permit No 220193
 Date Issued 8/8/2022 Date Expires 8/8/2024



RECEIVED

By Brianna Medrano at 7:32 am, Aug 08, 2022



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

APPROVED

By Brianna Medrano at 7:50 am, Aug 08, 2022

APPLICATION FOR TYPE II PERMIT FOR OPERATION OF BREATH ALCOHOL ANALYZERS

| | |
|--|--|
| THIS APPLICATION IS FOR <input checked="" type="checkbox"/> NEW PERMIT <input type="checkbox"/> RENEWAL | CURRENT PERMIT NUMBER AND EXPIRATION DATE 200200 / 07-08-2022 |
|--|--|

| | | |
|---|-------------------------|-----------|
| PRINT FULL NAME Thomas Michael Moore | TITLE Police Officer | AGE 50 |
|---|-------------------------|-----------|

A disclosure concerning your SSN number is available at:
<http://www.health.mo.gov/lab/breathalcohol/>

| | |
|---|-----------------------------|
| DEPARTMENT OR TROOP Normandy Police Department | TELEPHONE (314) 385-3300 |
|---|-----------------------------|

| |
|--|
| BUSINESS ADDRESS (STREET, CITY, STATE, ZIP CODE) 7700 Natural Bridge Road, Normandy, MO 63121 |
|--|

| |
|--|
| EMAIL ADDRESS tmoore@cityofnormandy.gov |
|--|

LIST ALL ORIGINAL TRAINING COURSES FOR OPERATION OF BREATH ANALYZERS
(Also, please place a checkmark beside ALL breath analyzer(s) for which you are requesting a permit.)

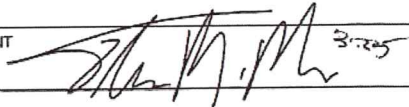
| DATES OF COURSE | LOCATION OF COURSE | COURSE LENGTH (HRS.) | NAME & MODEL OF BREATH ANALYZER | PLACE A ✓ BESIDE INSTRUMENTS FOR WHICH YOU REQUEST | NAME OF INSTRUCTOR |
|-----------------|--------------------|----------------------|---------------------------------|--|--------------------|
| May 2013 | UCME / MSC | 40 | Supervisor | <input type="checkbox"/> | Welsch |
| May 2013 | UCMO / MSC | 8 | Alco Sensor IV W/Printer | <input checked="" type="checkbox"/> | Welsch |
| Nov 2013 | MODOT STL | 14 | Intoximeter EC/IR II | <input type="checkbox"/> | Welsch |
| | | | | <input type="checkbox"/> | |

List the manufacturer and name of instruments for which you are currently performing maintenance reports on and the number of maintenance reports performed on EACH type in the last year.

| MANUFACTURER AND NAME OF INSTRUMENT | NUMBER OF MAINTENANCE REPORTS | NUMBER OF SUBJECT TESTS |
|-------------------------------------|-------------------------------|---------------------------------|
| 1. Alco Sensor IV W/Printer | 6 OK BLM | 5 SELF-TESTS OK BLM 5 |
| 2. | | |
| 3. | | |

When adding a new instrument, you receive a new two (2) year permit. Therefore, normal renewal procedures apply for the instrument(s) on your current permit that you wish to transfer to the new permit. Disregarding these renewal procedures will result in a new permit for the new instrument only.

To renew a Type II Permit, the applicant shall have completed two (2) Maintenance Reports and shall have performed at least ten (10) tests on drinking subjects in the past year on each instrument for which renewal is requested. If these conditions are not met, or the permit has expired for more than thirty (30) days, the applicant shall perform two (2) Maintenance Reports and five (5) self-administered tests for each breath analyzer for which renewal is requested. Copies of the Maintenance Reports along with the Operational checklists and printouts for the five (5) self-administered tests shall accompany the application for renewal.

| | |
|---|--------------------|
| SIGNATURE OF APPLICANT  | DATE 08/07/2022 |
|---|--------------------|

RETURN COMPLETED APPLICATION TO THE: Breath Alcohol Program, Missouri Department of Health and Senior Services
1903 Northwood Drive, Suite #4
Poplar Bluff, MO 63901