



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 STATE PUBLIC HEALTH LABORATORY  
**ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT**

**RECEIVED**  
 By Tracy Crews at 1:08 pm, Dec 27, 2023

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 111742	NAME OF AGENCY St. Louis County Police	DATE OF INSPECTION 12/27/2023
LOCATION OF INSTRUMENT (STREET AND CITY) 14301 South Outer Forty Rd		TIME OF INSPECTION 10:05 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  .104	TEST 2  .103	TEST 3  .103
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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).

**INSPECTING OFFICER**

SIGNATURE 	PRINT NAME Michael A 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: 111742  
Version no: 532B

TEST RECORD 00585

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

Air Blank:  
12/27/23 10:05 .000  
Calibration Check:  
17 12/27/23 10:05 .104

Subject Name

Test

Subject I.D.

1

Operator Name, I.D.

White 230233

Location

14301 S. Outer Yord

AS IV Serial no: 111742  
Version no: 532B

TEST RECORD 00586

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

Air Blank:  
12/27/23 10:09 .000  
Calibration Check:  
18 12/27/23 10:09 .103

Subject Name

Test

Subject I.D.

2

Operator Name, I.D.

White 230233

Location

14301 S. Outer Yord

AS IV Serial no: 111742  
Version no: 532B

TEST RECORD 00587

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

Air Blank:  
12/27/23 10:11 .000  
Calibration Check:  
19 12/27/23 10:11 .103

Subject Name

Test

Subject I.D.

3

Operator Name, I.D.

White 230233

Location

14301 S. Outer Yord

AS IV Serial no: 111742  
Version no: 532B

TEST RECORD 00588

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

VOID: REI  
12 12/27/23 10:13

Subject Name

Test

Subject I.D.

REF

Operator Name, I.D.

White 230233

Location

14301 S. Outer Yord



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 Mason*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Paula E. Nielson*

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 WHITE, MICHAEL  
 Permit No 230233  
 Date Issued 10/31/2023 Date Expires 10/31/2025

