

**RECEIVED**

By Tracy Crews at 9:14 am, Oct 23, 2023

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 119726	NAME OF AGENCY Chesterfield Police Department	DATE OF INSPECTION 10/21/2023
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LOCATION OF INSTRUMENT (STREET AND CITY) 690 Chesterfield Pkwy W, Chesterfield	TIME OF INSPECTION 08:19 am
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**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 # AG223501 EXP. DATE 08/23/2024☐ 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 ➡ 0.079

TEST 2 ➡ 0.078

TEST 3 ➡ 0.078

☒ 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).

New Instrument. Date set.

Instrument is operating within Missouri Department of Health Specifications.

**INSPECTING OFFICER**

SIGNATURE

PRINT NAME

P.O. Rupp #264

TYPE II PERMIT NUMBER/EXPIRATION DATE

230076 / 04/14/2025

TELEPHONE NUMBER

636-537-3000

**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: 119726  
Version no: 532C

TEST RECORD 00038

Temp Date Time 210L  
9/

Air Blank: 10/21/23 08:19 .000

Calibration Check: 21 10/21/23 08:19 .073

Subject Name

Test #1

Subject I.D. G. Rupp # 264

Operator Name, I.D.

230076

Location Chesterfield PD

AS IV Serial no: 119726  
Version no: 532C

TEST RECORD 00039

Temp Date Time 210L  
9/

Air Blank: 10/21/23 08:20 .000

Calibration Check: 22 10/21/23 08:20 .078

Subject Name

Test #2

Subject I.D. G. Rupp # 264

Operator Name, I.D.

230076

Location Chesterfield PD

AS IV Serial no: 119726  
Version no: 532C

TEST RECORD 00040

Temp Date Time 210L  
9/

Air Blank: 10/21/23 08:21 .000

Calibration Check: 23 10/21/23 08:21 .078

Subject Name

Test #3

Subject I.D. G. Rupp # 264

Operator Name, I.D.

230076

Location Chesterfield PD

AS IV Serial no: 119726  
Version no: 532C

TEST RECORD 00041

Temp Date Time 210L  
9/

VOID: RF1

12 10/21/23 08:23

Subject Name

RF1 Test

Subject I.D. G. Rupp # 264

Operator Name, I.D.

230076

Location Chesterfield PD



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:** 24-Aug-2022

**Lot #** AG223501 **Model** 108

Exp Date	Cyl. Type	Component	Certified Concentration
23-Aug-2024	108	Ethanol Nitrogen	0.080 ± 0.002 BrAC (218 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: 08.24.2022 19:06

**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



**PERMIT**  
**TYPE II**  
**GREGORY RUPP**

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 4/14/2023

NUMBER 230076

EXPIRES 4/14/2025

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R6-10)

	<b>STATE OF MISSOURI</b> DEPARTMENT OF HEALTH AND SENIOR SERVICES BREATH ALCOHOL PROGRAM
<b>INSTRUMENT OPERATOR CARD</b>	
<small>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.</small>	
<b>Operator</b>	RUPP, GREGORY
<b>Permit No</b>	230076
<b>Date Issued</b>	4/14/2023
<b>Date Expires</b>	4/14/2025