



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 11/22/2023
LOCATION OF INSTRUMENT (STREET AND CITY) 690 Chesterfield Pkwy W, Chesterfield		TIME OF INSPECTION 6:16 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 # 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 0.082

TEST 2 0.081

TEST 3 0.081

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).

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 00055

Temp Date Time 9/  
12 11/22/23 18:20  
VOID: RFI

Subject Name

RFI Test

Subject I.D.

G. RUPP # 264

Operator Name, I.D.

230076

Location

Cheslerfield PD

AS IV Serial no: 119726  
Version no: 532C

TEST RECORD 00054

Temp Date Time 9/  
11/22/23 18:19 .000  
Air Blank: 19 11/22/23 18:19 .081  
Calibration Check:

Subject Name

Test # 3

Subject I.D.

G. RUPP # 264

Operator Name, I.D.

230076

Location

Cheslerfield PD

AS IV Serial no: 119726  
Version no: 532C

TEST RECORD 00053

Temp Date Time 9/  
11/22/23 18:18 .000  
Air Blank: 19 11/22/23 18:18 .081  
Calibration Check:

Subject Name

Test # 2

Subject I.D.

G. RUPP # 264

Operator Name, I.D.

230076

Location

Cheslerfield PD

AS IV Serial no: 119726  
Version no: 532C

TEST RECORD 00052

Temp Date Time 9/  
11/22/23 18:16 .000  
Air Blank: 18 11/22/23 18:16 .082  
Calibration Check:

Subject Name

Test # 1

Subject I.D.

G. RUPP # 264

Operator Name, I.D.

230076

Location

Cheslerfield PD





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

*Mike Massman*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Paula J. Nicholson*

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** RUPP, GREGORY  
**Permit No** 230076  
**Date Issued** 4/14/2023    **Date Expires** 4/14/2025

