



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 030809 | NAME OF AGENCY OVERLAND POLICE DEPARTMENT | DATE OF INSPECTION 03/04/2024 |
| LOCATION OF INSTRUMENT (STREET AND CITY) 2410 Goodale Ave. Overland, MO 63114 | | TIME OF INSPECTION 10:01 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.

| |
|--|
| <input checked="" type="checkbox"/> DIGITAL READOUT (ALL ELEMENTS OPERATIONAL) |
| <input checked="" type="checkbox"/> TEMPERATURE OF ALCO SENSOR (10°C - 40°C) |
| <input checked="" type="checkbox"/> PRINTER WORKING PROPERLY |
| <input checked="" type="checkbox"/> TIME AND DATE DISPLAYING PROPERLY |

BREATH ALCOHOL ACCURACY STANDARDS

| | |
|--|--|
| <input type="checkbox"/> SIMULATOR SOLUTION | <input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE |
| <input checked="" type="checkbox"/> STANDARD SUPPLIER <u>Intoximeters Inc.</u> LOT # <u>AG313001</u> EXP. DATE <u>05/10/2025</u> | |
| <input type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) SIM. SN SIM. NIST EXP DATE | |

| |
|--|
| <input checked="" type="checkbox"/> 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) |
| <input checked="" type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE |
| <input type="checkbox"/> 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE |
| <input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE |

| | | |
|--------------|--------------|--------------|
| TEST 1 .098 | TEST 2 .097 | TEST 3 .097 |
|--------------|--------------|--------------|

| |
|--|
| <input checked="" type="checkbox"/> 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 Chris Schott |
| TYPE II PERMIT NUMBER/EXPIRATION DATE 220170 06/24/2024 | TELEPHONE NUMBER (314) 428-1221 |

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: 030809
Version no: 532B

TEST RECORD 01785

g/

Temp Date Time 210L

Air Blank:

03/04/24 11:51 .000

Calibration Check:

23 03/04/24 11:51 .098

Subject Name

Test 1

Subject I.D.

Test 1

Operator Name, I.D.

C. Schott SK

Location

2910 Goodale

Overland, MO, 63114

AS IV Serial no: 030809
Version no: 532B

TEST RECORD 01786

g/

Temp Date Time 210L

Air Blank:

03/04/24 11:53 .000

Calibration Check:

24 03/04/24 11:53 .097

Subject Name

Test 2

Subject I.D.

Test 2

Operator Name, I.D.

C. Schott SK

Location

2910 Goodale

Overland mo 63114

AS IV Serial no: 030809
Version no: 532B

TEST RECORD 01787

g/

Temp Date Time 210L

Air Blank:

03/04/24 11:55 .000

Calibration Check:

25 03/04/24 11:55 .097

Subject Name

Test 3

Subject I.D.

Test 3

Operator Name, I.D.

C. Schott SK

Location

2910 Goodale

Overland, MO, 63114

AS IV Serial no: 030809
Version no: 532B

TEST RECORD 01788

g/

Temp Date Time 210L

VOID: RFI

12 03/04/24 11:56

Subject Name

RFI

Subject I.D.

RFI

Operator Name, I.D.

C. Schott SK

Location

2910 Goodale

Overland, MO 63114



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: 10-May-2023

Lot # AG313001 Model 108

| | | | |
|-------------|-----------|---------------------|---------------------------|
| Exp Date | Cyl. Type | Component | Certified Concentration |
| 10-May-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:05.15.2023 11:34

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

CHRIS D. SCHOTT

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 6/24/2022

NUMBER 220170

EXPIRES 6/24/2024

MO 580-0771 (6-10)

Mike Mason

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

David J. Nicholson

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R5-10)

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 SCHOTT, CHRIS
Permit No 220170
Date Issued 6/24/2022 Date Expires 6/24/2024

