



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 087971	NAME OF AGENCY CARROLLTON POLICE DEPARTMENT	DATE OF INSPECTION 01/02/2024
LOCATION OF INSTRUMENT (STREET AND CITY) 1320 US 65 N., CARROLLTON, MO, 64633		TIME OF INSPECTION 3:04 A.M.

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 INC. LOT # AG304002 EXP. DATE 02/09/2025

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 .102 TEST 2 .101 TEST 3 .100

- 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) 1 (.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).
 Maintenance conducted in accordance with DHSS standards.

INSPECTING OFFICER

SIGNATURE 	PRINT NAME WILLIAM BAGER
TYPE II PERMIT NUMBER/EXPIRATION DATE 230029/2-17-2025	TELEPHONE NUMBER (660) 542-3128

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

CARROLLTON POLICE DEPARTMENT-BREATH ALCOHOL PROGRAM

AS IV Serial no: 087971
Version no: 5828

TEST RECORD 00481
g/

Temp	Date	Time	210L
Air Blank:	01/02/24	03:04	.000
Calibration Check:	21/01/02/24	03:04	.102

Subject Name
TEST #1
Subject I.D.

AS IV Serial no: 087971
Version no: 5828

TEST RECORD 00482
g/

Temp	Date	Time	210L
Air Blank:	01/02/24	03:05	.002
Calibration Check:	21/01/02/24	03:06	.101

Subject Name
TEST #2
Subject I.D.

AS IV Serial no: 087971
Version no: 5828

TEST RECORD 00483
g/

Temp	Date	Time	210L
Air Blank:	01/02/24	03:09	.000
Calibration Check:	22/01/02/24	03:09	.100

Subject Name
TEST #3
Subject I.D.

AS IV Serial no: 087971
Version no: 5828

TEST RECORD 00484
g/

Temp	Date	Time	210L
VOID: RFI	12/01/02/24	03:09	

Subject Name
RFI TEST
Subject I.D.

Operator Name, I.D.
W. BARGER #230029
LOCATION
1320 N. US 65

Operator Name, I.D.
W. BARGER #230029
LOCATION
1320 N. US 65

Operator Name, I.D.
W. BARGER #230029
LOCATION
1320 N. US 65

Operator Name, I.D.
W. BARGER #230029
LOCATION
1320 N. US 65

CARROLLTON, MO,
64633

CARROLLTON, MO,
64633

CARROLLTON, MO,
64633

CARROLLTON, MO,
64633

TEST#1

TEST#2

TEST#3

RFI TEST

AS-IV S/N: 087971 Type II Permit Holder: William Barger #230029-Exp: 02/17/2025 Date of Maintenance Report: 1/2/2024

Carrollton Police Department AS-IV Monthly Maintenance Report

ALLOS

Certificate of Analysis

ALLOS USA, L.P. (LAB)
2500 Belmont Street
St. Louis, Mo. 63108
Ph: (314) 552-9100
Fax: (314) 552-9228

Test Date: 9-Feb-2025

Customer Name
Exclusive Supplier
Informations, Inc.
2031 Craig Road
St. Louis, Mo 63146

Lot # AG304002 Model 108

Exp. Date
9-Feb-2025

Cyl. Type
108

Component
Ethanol
Nitrogen

Certified Concentration
0.100 ± 2% EthAC (272 ppm)

Certification Traceable to NIST RM and to CRM Ethanol Standards

CRM Serial No.	Concentration
EB0040351	391.8 ppm
EB00403570	255.2 ppm
EB0040285	209.0 ppm
EB0040354	103.7 ppm
EB0040351	32.22 ppm

CRM Serial No.	Concentration
EB0040803	392.5 ppm
EB0040355	256.9 ppm
EB0040862	104.2 ppm
EB0040379	32.94 ppm

CRM Serial No.	Concentration
C0727484	800.0 ppm
C0727498	255.0 ppm

CRM Serial No.	Concentration
C0727498	390.0 ppm
C0727498	150.0 ppm

Analytical Method: NDIR

Method: Ethanol (ppm) by Internal Standard
Reference: ASTM E153 (2014)
Revision: 2014

Approved for Release:

Rod Marsala
Rod Marsala

ISO 17025:2017 ALI & accredited, Certificate Number 3082.06
ISO 17024:2015 ALI & accredited, Certificate Number 3082.07



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



PERMIT
TYPE II
WILLIAM BARGER

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 2/17/2023

NUMBER 230029

EXPIRES 2/17/2025

Mike Mason

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Paula J. Nicholson

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 BARGER, WILLIAM
 Permit No 230029
 Date Issued 2/17/2023 Date Expires 2/17/2025

