



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

RECEIVED
 By Tracy Crews at 2:14 pm, Feb 29, 2024

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 087977	NAME OF AGENCY St. Louis County Police Department	DATE OF INSPECTION 02/28/2024
LOCATION OF INSTRUMENT (STREET AND CITY) 232 Vance Rd		TIME OF INSPECTION 8:13 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 # AG332001 EXP. DATE 11/16/2025

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 .103

TEST 2 .103

TEST 3 .102

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	(0-.04)	0	(.05-.09)	0	(.10-.14)	0	(.15-.19)	0	(OVER .19)	0
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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
Sgt. D. Estrada, #3072

TYPE II PERMIT NUMBER/EXPIRATION DATE
230059 04/02/2025

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.



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: 16-Nov-2023

Lot # AG332001 **Model** 108

Exp Date	Cyl. Type	Component	Certified Concentration
16-Nov-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	799.4 ppm	CC727493	389.8 ppm
CC727496	253.4 ppm	CC727498	150.2 ppm

Analytical Method: NDIR

Digitally signed by:Quality Control
 Reason:Dry gas standard certification of analysis
 Location:Airgas USA LLC (Lab)
 Date:11.20.2023 17:28

Approved for Release: _____
 Yusef Woods

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

DAWN M. ESTRADA

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs,
operate the following breath analyzer(s):

ALCO-SENSOR IV WITH PRINTER, INTOX DMT

is determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections
020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

E 4/2/2023

IBER 230059

IRES 4/2/2025

Mike Mason

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Daniel F. Nielsen

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

AS IV Serial no: 087977
Version no: 532B

TEST RECORD 00548

Temp Date Time ^{g/} 210L

Air Blank:
02/28/24 20:13 .000
Calibration Check:
21 02/28/24 20:13 .103

Subject Name

Test #1

Subject I.D.

NA

Operator Name, I.D.

Sgt D. Estrada #3072

Location

7th

(232 Vance Rd)

AS IV Serial no: 087977
Version no: 532B

TEST RECORD 00549

Temp Date Time ^{g/} 210L

Air Blank:
02/28/24 20:15 .000
Calibration Check:
22 02/28/24 20:15 .103

Subject Name

Test #2

Subject I.D.

NA

Operator Name, I.D.

Sgt D. Estrada #3072

Location

7th

(232 Vance Rd)

AS IV Serial no: 087977
Version no: 532B

TEST RECORD 00550

Temp Date Time ^{g/} 210L

Air Blank:
02/28/24 20:18 .000
Calibration Check:
23 02/28/24 20:18 .102

Subject Name

Test #3

Subject I.D.

NA

Operator Name, I.D.

Sgt D. Estrada #3072

Location

7th

(232 Vance Rd)

AS IV Serial no: 087977
Version no: 532B

TEST RECORD 00552

Temp Date Time ^{g/} 210L

VOID: RFI
12 02/28/24 20:21

Subject Name

RFI!

Subject I.D.

NA

Operator Name, I.D.

Sgt D. Estrada #3072

Location

7th

(232 Vance Rd)