



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 <b>097403 / 099.3586.830</b>	NAME OF AGENCY <b>SHREWSBURY POLICE</b>	DATE OF INSPECTION <b>01/18/2024</b>
LOCATION OF INSTRUMENT (STREET AND CITY) <b>4400 SHREWSBURY AVENUE</b>		TIME OF INSPECTION <b>1558 HOURS</b>

**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 # AG211501 EXP. DATE 04/25/2025

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 ← **.078**      TEST 2 ← **.078**      TEST 3 ← **.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**      (0-.04) **0**      (.05-.09) **0**      (.10-.14) **0**      (.15-.19) **0**      (OVER .19) **0**

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 functioning according to DHSS rules and regulations**

<b>INSPECTING OFFICER</b>	
SIGNATURE <i>[Signature]</i>	PRINT NAME <b>Lt. Todd Melugin</b>
TYPE II PERMIT NUMBER/EXPIRATION DATE <b>220288 12/23/2024</b>	TELEPHONE NUMBER <b>( 314 ) 647-5656</b>

**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: 097403  
Version no: 532B

TEST RECORD 00960

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
01/18/24 15:56 .000  
Calibration Check:  
21 01/18/24 15:56 .078

Subject Name

Subject I.D.

Operator Name: I.D.

*LT 703*

Location

*220288*

*12/23/24*

AS IV Serial no: 097403  
Version no: 532B

TEST RECORD 00961

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
01/18/24 15:58 .000  
Calibration Check:  
21 01/18/24 15:58 .078

Subject Name

Subject I.D.

Operator Name: I.D.

*LT 703*

Location

*220288*

*12/23/24*

AS IV Serial no: 097403  
Version no: 532B

TEST RECORD 00963

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
01/18/24 16:01 .000  
Calibration Check:  
21 01/18/24 16:01 .078

Subject Name

Subject I.D.

Operator Name: I.D.

*LT 703*

Location

*220288*

*12/23/24*

AS IV Serial no: 097403  
Version no: 532B

TEST RECORD 00962

Temp Date Time <sup>s/</sup> 210L

VOID: REI  
12 01/18/24 15:59

Subject Name

Subject I.D.

Operator Name: I.D.

*LT 703*

Location

*220288*

*12/23/24*



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:** 25-Apr-2022

**Lot #** AG211501 **Model** 108

<b>Exp Date</b> 25-Apr-2024	<b>Cyl. Type</b> 108	<b>Component</b> Ethanol Nitrogen	<b>Certified Concentration</b> 0.080 ± 0.002 BrAC (218 ppm)
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**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:04.28.2022 15:19

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**  
**TODD M. MELUGIN**

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 12/23/2022

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 220288

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

EXPIRES 12/23/2024

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 MELUGIN, TODD  
Permit No 220288  
Date Issued 12/23/2022 Date Expires 12/23/2024