



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

RECEIVED

By Tracy Crews at 12:50 pm, Jan 31, 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 111320	NAME OF AGENCY St. Louis County Police Department	DATE OF INSPECTION 01/30/2024
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LOCATION OF INSTRUMENT (STREET AND CITY) 14301 South Outer 40 Rd (Modot TMC)	TIME OF INSPECTION 12:05 am
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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 # AG321505 EXP. DATE 08/03/2025

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-.04)	(.05-.09)	(.10-.14)	(.15-.19)	(OVER .19)
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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
Michael White

TYPE II PERMIT NUMBER/EXPIRATION DATE
230233 - 10/31/2025

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.

AS IV Serial no: 111320
Version no: 532B

TEST RECORD 00628

Temp Date Time ^{s/} 210L

Air Blank:
01/30/24 12:06 .000
Calibration Check:
19 01/30/24 12:06 .103

Subject Name

Test
Subject I.D.

2
Operator Name, I.D.

230233
Location

14301 S. Outer Yond

AS IV Serial no: 111320
Version no: 532B

TEST RECORD 00629

Temp Date Time ^{s/} 210L

Air Blank:
01/30/24 12:08 .000
Calibration Check:
20 01/30/24 12:08 .102

Subject Name

Test
Subject I.D.

3
Operator Name, I.D.

White 230233
Location

14301 S. Outer Yond

AS IV Serial no: 111320
Version no: 532B

TEST RECORD 00627

Temp Date Time ^{s/} 210L

Air Blank:
01/30/24 12:05 .000
Calibration Check:
18 01/30/24 12:05 .103

Subject Name

Test
Subject I.D.

1
Operator Name, I.D.

White 230233
Location

14301 S. Outer Yond

AS IV Serial no: 111320
Version no: 532B

TEST RECORD 00630

Temp Date Time ^{s/} 210L

VOID: RFI
12 01/30/24 12:09

Subject Name

Test
Subject I.D.

NET
Operator Name, I.D.

White 230233
Location

14301 S. Outer Yond



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

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PERMIT
TYPE II
MICHAEL WHITE

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 DMT

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 10/31/2023

NUMBER 230233

EXPIRES 10/31/2025

Mike Mason

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Paula J. Nielson

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 WHITE, MICHAEL
Permit No 230233
Date Issued 10/31/2023 **Date Expires** 10/31/2025

