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By Tracy Crews at 8:35 am, Feb 07, 2024

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 111733	NAME OF AGENCY St. Louis County Police Department	DATE OF INSPECTION 01/31/2024
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LOCATION OF INSTRUMENT (STREET AND CITY) 14301 South Outer Forty Rd (MODOT TMC)	TIME OF INSPECTION 7:34 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

<input type="checkbox"/> SIMULATOR SOLUTION	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>Intoximeters</u>	LOT # <u>AG321505</u> EXP. DATE <u>08/03/2025</u>
<input type="checkbox"/> 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 ● 104	TEST 2 ● .104	TEST 3 ● .104
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- 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: 111733
Version no: 532B

TEST RECORD 00642

Temp Date Time 210L

Air Blanks
01/31/24 07:22 .000
Calibration Checks
19 01/31/24 07:22 .104

Subject Name

Test
Subject I.D.

Operator Name, I.D.

White 230233
Location

14301 S. Outer YD

AS IV Serial no: 111733
Version no: 532B

TEST RECORD 00643

Temp Date Time 210L

Air Blanks
01/31/24 07:24 .000
Calibration Checks
19 01/31/24 07:24 .104

Subject Name

Test
Subject I.D.

Operator Name, I.D.

2
White 230233
Location

14301 S. Outer YD

AS IV Serial no: 111733
Version no: 532B

TEST RECORD 00644

Temp Date Time 210L

Air Blanks
01/31/24 07:26 .000
Calibration Checks
20 01/31/24 07:26 .104

Subject Name

Test
Subject I.D.

Operator Name, I.D.

3
White 230233
Location

14301 S. Outer YD

AS IV Serial no: 111733
Version no: 532B

TEST RECORD 00645

Temp Date Time 210L

VOID: REF
12 01/31/24 07:28

Subject Name

Test
Subject I.D.

Operator Name, I.D.

White 230233
Location

14301 S. Outer YD



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



**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 Masum

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Paula J. Nielsen

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO-880/9771 (06/19)

LAB-419510A

 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

