



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

RECEIVED

By Tracy Crews at 8:14 am, Sep 14, 2020

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 087972	NAME OF AGENCY St. Louis County Police Department	DATE OF INSPECTION 09/01/2020
-----------------------------	--	----------------------------------

LOCATION OF INSTRUMENT (STREET AND CITY) MODOT TMC - 14301 South Outer 40 Road, Chesterfield, MO 63017	TIME OF INSPECTION 10:00 am
---	--------------------------------

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>AG015503</u> EXP. DATE <u>06/03/2022</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 → 0.101	TEST 2 → 0.100	TEST 3 → 0.099
-----------------------	-----------------------	-----------------------

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)
----------	---------	-----------	-----------	-----------	------------

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 <i>P.O. Maloney 4427</i>	PRINT NAME Mike Maloney
TYPE II PERMIT NUMBER/EXPIRATION DATE 290063 / 03-08-2021	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.

35 IU Serial no: 087972
Location no: 532B

TEST RECORD 00465

Time Date Time 210L

Air Blank:
09/01/20 10:00 .000
Calibration Check:
23 09/01/20 10:00 .101

Subject Name

Test # 1

Subject I.D.

N/A

Operator Name, I.D.

Maloney 4427

Location

14301 S. Outer

Forty

35 IU Serial no: 087972
Location no: 532B

TEST RECORD 00466

Time Date Time 210L

Air Blank:
09/01/20 10:04 .000
Calibration Check:
22 09/01/20 10:04 .100

Subject Name

Test # 2

Subject I.D.

N/A

Operator Name, I.D.

Maloney 4427

Location

14301 S. Outer

Forty

35 IU Serial no: 087972
Location no: 532B

TEST RECORD 00467

Time Date Time 210L

Air Blank:
09/01/20 10:06 .000
Calibration Check:
22 09/01/20 10:06 .099

Subject Name

Test # 3

Subject I.D.

N/A

Operator Name, I.D.

Maloney 4427

Location

14301 S. Outer

Forty

35 IU Serial no: 087972
Location no: 532B

TEST RECORD 00468

Time Date Time 210L

Air Blank:
09/01/20 10:10

Subject Name

RFI

Subject I.D.

N/A

Operator Name, I.D.

Maloney 4427

Location

14301 S. Outer

Forty



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: 8-Jun-2020

Lot # AG015503 Model 108cacc

Exp. Date	Cyl. Type	Component	Certified Concentration
3-Jun-2022	108	Ethanol Nitrogen	0.100 ± 2% BrAC (272 ppm) Balance

Certification Traceable to N.I.S.T. RGM and to CRM Ethanol Standards:

<u>RGM Serial No.</u>	<u>Concentration</u>	<u>RGM Serial No.</u>	<u>Concentration</u>
EB0010581	392.1 ppm	EB0010603	393.0 ppm
EB0010570	259.8 ppm	EB0010559	258.2 ppm
EB0010285	208.0 ppm	EB0010595	208.3 ppm
EB0010561	103.6 ppm	EB0010562	104.2 ppm
EB0010681	52.12 ppm	EB0010579	52.81 ppm

<u>CRM Serial No.</u>	<u>Concentration</u>	<u>CRM Serial No.</u>	<u>Concentration</u>
CC434668	800.0 ppm	0056649	390.1 ppm
CC234503	253.0 ppm	0056662	150.2 ppm

Analytical Method: NDIR

Digitally signed by Quality Control
 Date: 2020.06.10 14:11:39 -05:00
 Reason: Dry gas standard certification of analysis
 Location: Airgas USA LLC (Lab)

Approved for Release:

 Rod Marsala

ISO 17025:2005 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**

MICHAEL P MALONEY

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 806.111 through 806.119 RSMo.

DATE 3/8/2019

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 290063

EXPIRES 3/8/2021

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES