



**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 087977	NAME OF AGENCY St. Louis County Police Department	DATE OF INSPECTION 09/01/2020
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LOCATION OF INSTRUMENT (STREET AND CITY) MODOT TMC - 14301 S. Outer 40 Rd., Chesterfield, MO 63017	TIME OF INSPECTION 10:06 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.

<input checked="" type="checkbox"/> DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)
<input checked="" type="checkbox"/> TEMPERATURE OF ALCO SENSOR (10°C - 40°C) <u>20°C</u>
<input checked="" type="checkbox"/> PRINTER WORKING PROPERLY
<input checked="" type="checkbox"/> TIME AND DATE DISPLAYING PROPERLY <u>09/01/20 10:06</u>

**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>AG829708</u> EXP. DATE <u>10/24/2020</u>	

<input type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) _____ SIM. SN _____ SIM. NIST EXP DATE _____
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<input checked="" type="checkbox"/> 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)
<input checked="" type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE
<input type="checkbox"/> 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE
<input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE

TEST 1 → <u>.099</u>	TEST 2 → <u>.099</u>	TEST 3 → <u>.098</u>
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<input checked="" type="checkbox"/> RFI DETECTOR OPERATING
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INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: (DO NOT INCLUDE SELF-ADMINISTERED TESTS)

REFUSALS <u>0</u>	(0-.04) <u>0</u>	(.05-.09) <u>0</u>	(.10-.14) <u>0</u>	(.15-.19) <u>0</u>	(OVER .19) <u>0</u>
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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).

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**INSPECTING OFFICER**

SIGNATURE <u>D. Rose</u>	PRINT NAME Officer D. Rose, DSN 2721
TYPE II PERMIT NUMBER/EXPIRATION DATE <u>290248 10/16/2021</u>	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: 087977  
Version no: 532B

TEST RECORD 00308

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

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

Subject Name

N/A

Subject I.D.

N/A

Operator Name, I.D.

ROSC 2721

Location

MODOT TMC

AS IV Serial no: 087977  
Version no: 532B

TEST RECORD 00309

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

Air Blank:  
09/01/20 10:08 .000  
Calibration Check:  
20 09/01/20 10:08 .099

Subject Name

N/A

Subject I.D.

N/A

Operator Name, I.D.

ROSC 2721

Location

MODOT TMC

AS IV Serial no: 087977  
Version no: 532B

TEST RECORD 00310

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

Air Blank:  
09/01/20 10:10 .000  
Calibration Check:  
21 09/01/20 10:10 .098

Subject Name

N/A

Subject I.D.

N/A

Operator Name, I.D.

ROSC 2721

Location

MODOT TMC

AS IV Serial no: 087977  
Version no: 532B

TEST RECORD 00311

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

VOID: RFI  
12 09/01/20 10:13

Subject Name

N/A

Subject I.D.

N/A

Operator Name, I.D.

ROSC 2721

Location

MODOT TMC



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-Oct-2018

**Lot # AG829708 Model 108cacc**

<u>Exp. Date</u>	<u>Cyl. Type</u>	<u>Component</u>	<u>Certified Concentration</u>
24-Oct-2020	108	Ethanol Nitrogen	0.100 ± 2% BrAC (272 ppm) Balance

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

<u>Serial No.</u>	<u>Concentration</u>	<u>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

**Analytical Method:** NDIR

Digitally signed by Quality Control  
Date: 2018.10.25 14:13:39 -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**



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



**PERMIT**  
**TYPE II**  
**DAVID M ROSE**

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 10/16/2019

NUMBER 290248

EXPIRES 10/16/2021

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES