



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

**RECEIVED**

By Tracy Crews at 3:06 pm, Sep 01, 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 097425	NAME OF AGENCY St. Louis County Police Department	DATE OF INSPECTION 09/01/2020
-----------------------------	--	----------------------------------

LOCATION OF INSTRUMENT (STREET AND CITY) 14301 South Outer 40 Road, Chesterfield	TIME OF INSPECTION 09:52
---	-----------------------------

**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>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 _____
---	---------------	--------------------------

- 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 → <b>0.100</b>	TEST 2 → <b>0.099</b>	TEST 3 → <b>0.099</b>
-----------------------	-----------------------	-----------------------

- 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	<b>0</b>	(0-.04)	<b>0</b>	(.05-.09)	<b>0</b>	(.10-.14)	<b>0</b>	(.15-.19)	<b>1</b>	(OVER .19)	<b>2</b>
----------	----------	---------	----------	-----------	----------	-----------	----------	-----------	----------	------------	----------

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 <b>PO Jahns</b>
TYPE II PERMIT NUMBER/EXPIRATION DATE <b>290039 / 02/20/2021</b>	TELEPHONE NUMBER <b>( 636 ) 529-8210</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: 097425  
Version no: 532B

TEST RECORD 00417

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

Air Blank:  
09/01/20 09:53 .000  
Calibration Check:  
22 09/01/20 09:53 .100

Subject Name

Cal Check #1

Subject I.D.

NA

Operator Name, I.D.

Jahns 3225

Location

MoDOT TMC

AS IV Serial no: 097425  
Version no: 532B

TEST RECORD 00419

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

Air Blank:  
09/01/20 09:57 .000  
Calibration Check:  
23 09/01/20 09:57 .099

Subject Name

Cal Check #3

Subject I.D.

NA

Operator Name, I.D.

Jahns 3225

Location

MoDOT TMC

AS IV Serial no: 097425  
Version no: 532B

TEST RECORD 00418

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

Air Blank:  
09/01/20 09:55 .000  
Calibration Check:  
22 09/01/20 09:55 .099

Subject Name

Cal Check #2

Subject I.D.

NA

Operator Name, I.D.

Jahns 3225

Location

MoDOT TMC

AS IV Serial no: 097425  
Version no: 532B

TEST RECORD 00420

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

VOID: RFI  
12 09/01/20 09:59

Subject Name

RFI Check

Subject I.D.

NA

Operator Name, I.D.

Jahns 3225

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 108cadd**

<b><u>Exp. Date</u></b> 24-Oct-2020	<b><u>Cyl. Type</u></b> 108	<b><u>Component</u></b> Ethanol Nitrogen	<b><u>Certified Concentration</u></b> 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*  
 \_\_\_\_\_  
 Rod Marsala

**ISO 17025:2005 A2LA accredited. Certificate Number 3082.06**



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

2

**PERMIT  
 TYPE II**

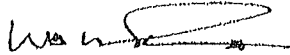
**KYLE JAHNS**

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**

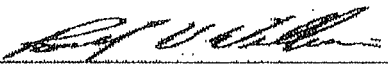
for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 2/20/2019

  
 DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 290039

EXPIRES 2/20/2021

  
 DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES