



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

RECEIVED

By Tracy Crews at 2:56 pm, Oct 02, 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 100288	NAME OF AGENCY St. Louis County Police Department	DATE OF INSPECTION 10/01/2020
LOCATION OF INSTRUMENT (STREET AND CITY) Wildwood Precinct: 16860 Main Street, Wildwood, MO 63040		TIME OF INSPECTION 3:30 pm

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>21°C</u>
<input checked="" type="checkbox"/> PRINTER WORKING PROPERLY
<input checked="" type="checkbox"/> TIME AND DATE DISPLAYING PROPERLY <u>10/01/20 15:30</u>

BREATH ALCOHOL ACCURACY STANDARDS

<input type="checkbox"/> SIMULATOR SOLUTION	<input 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)

<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>.097</u>	TEST 2 <u>.097</u>	TEST 3 <u>.097</u>
--------------------	--------------------	--------------------

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	<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>
----------	----------	---------	----------	-----------	----------	-----------	----------	-----------	----------	------------	----------

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 <u>[Signature]</u>	PRINT NAME Officer D. Rose, DSN 2721
TYPE II PERMIT NUMBER/EXPIRATION DATE 290248 10/16/2021	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.

AS IV Serial no: 100288
Version no: 532B

TEST RECORD 00566 s/
Temp Date Time 210L

Air Blank:
10/01/20 15:30 .000
Calibration Check:
21 10/01/20 15:30 .097

Subject Name
N/A
Subject I.D.
N/A
Operator Name, I.D.
ROSC 2727
Location
627 PCT

AS IV Serial no: 100288
Version no: 532B

TEST RECORD 00567 s/
Temp Date Time 210L

Air Blank:
10/01/20 15:38 .000
Calibration Check:
21 10/01/20 15:38 .097

Subject Name
N/A
Subject I.D.
N/A
Operator Name, I.D.
ROSC 2727
Location
627 PCT

AS IV Serial no: 100288
Version no: 532B

TEST RECORD 00568 s/
Temp Date Time 210L

Air Blank:
10/01/20 15:40 .000
Calibration Check:
21 10/01/20 15:40 .097

Subject Name
N/A
Subject I.D.
N/A
Operator Name, I.D.
ROSC 2727
Location
627 PCT

AS IV Serial no: 100288
Version no: 532B

TEST RECORD 00569 s/
Temp Date Time 210L

UCID: RFI
12 10/01/20 15:45

Subject Name
N/A
Subject I.D.
N/A
Operator Name, I.D.
ROSC 2727
Location
627 PCT



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

<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

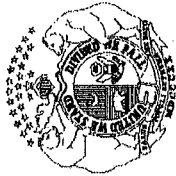
Analytical Method: NDIR

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

LAB-4 (RG-10)

MO 590-0771 (6-10)