



**RECEIVED**

By Stephen Wilson at 11:11 am, Aug 07, 2020

**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 <b>111320</b>	NAME OF AGENCY <b>St. Louis County Police Department</b>	DATE OF INSPECTION <b>08/07/2020</b>
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LOCATION OF INSTRUMENT (STREET AND CITY) <b>14301 South Outer 40 Rd, Town &amp; Country</b>	TIME OF INSPECTION <b>07:34</b>
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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, Inc.</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>.100</b>	TEST 2 <b>.099</b>	TEST 3 <b>.098</b>
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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	(0-.04)	0	(.05-.09)	0	(.10-.14)	0	(.15-.19)	0	(OVER .19)	0
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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 	PRINT NAME <b>PO Jahns, DSN 3725</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: 111320  
Version no: 532B

TEST RECORD 00376

Temp Date Time <sup>9/</sup> 210L

Air Blank:  
08/07/20 07:39 .000  
Calibration Check:  
21 08/07/20 07:39 .100

Subject Name

*Cal Check #1*

Subject I.D.

*N/A*

Operator Name, I.D.

*Jahns 3725*

Location

*Modot TMC*

AS IV Serial no: 111320  
Version no: 532B

TEST RECORD 00378

Temp Date Time <sup>9/</sup> 210L

Air Blank:  
08/07/20 07:41 .000  
Calibration Check:  
22 08/07/20 07:41 .098

Subject Name

*Cal Check #3*

Subject I.D.

*N/A*

Operator Name, I.D.

*Jahns 3725*

Location

*Modot TMC*

AS IV Serial no: 111320  
Version no: 532B

TEST RECORD 00377

Temp Date Time <sup>9/</sup> 210L

Air Blank:  
08/07/20 07:40 .000  
Calibration Check:  
21 08/07/20 07:40 .099

Subject Name

*Cal Check #2*

Subject I.D.

*N/A*

Operator Name, I.D.

*Jahns 3725*

Location

*Modot TMC*

AS IV Serial no: 111320  
Version no: 532B

TEST RECORD 00379

Temp Date Time <sup>9/</sup> 210L

VOID: RFI  
12 08/07/20 07:42

Subject Name

*RFI cled*

Subject I.D.

*N/A*

Operator Name, I.D.

*Jahns 3725*

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:** 8-Jun-2020

**Lot #** AG015503 **Model** 108cacd

**Exp. Date**

3-Jun-2022

**Cyl. Type**

108

**Component**

Ethanol  
Nitrogen

**Certified Concentration**

0.100 ± 2% BrAC (272 ppm)  
Balance

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

**RGM Serial No.**

EB0010581

**Concentration**

392.1 ppm

EB0010570

259.8 ppm

EB0010285

208.0 ppm

EB0010561

103.6 ppm

EB0010681

52.12 ppm

**RGM Serial No.**

EB0010603

**Concentration**

393.0 ppm

EB0010559

258.2 ppm

EB0010595

208.3 ppm

EB0010562

104.2 ppm

EB0010579

52.81 ppm

**CRM Serial No.**

CC434668

**Concentration**

800.0 ppm

CC234503

253.0 ppm

**CRM Serial No.**

0056649

**Concentration**

390.1 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

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**

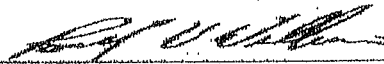
for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 308.111 through 308.119 RSMo.

DATE 2/20/2019

  
 DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 290039

EXPIRES 2/20/2021

  
 DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES