



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

**RECEIVED**

By Tracy Crews at 3:13 pm, Oct 28, 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 111673	NAME OF AGENCY St. Louis County Police Department	DATE OF INSPECTION 10/27/2020
LOCATION OF INSTRUMENT (STREET AND CITY) MODOT TMC - 14301 S. Outer 40 Rd., Chesterfield, MO 63017		TIME OF INSPECTION 12:11 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.

DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)

TEMPERATURE OF ALCO SENSOR (10°C - 40°C) 21°C

PRINTER WORKING PROPERLY

TIME AND DATE DISPLAYING PROPERLY 10/27/20 12:11

**BREATH ALCOHOL ACCURACY STANDARDS**

SIMULATOR SOLUTION  COMPRESSED ETHANOL-GAS MIXTURE

STANDARD SUPPLIER Intoximeters LOT # AG015503 EXP. DATE 06/03/2022

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 • <u>.104</u>	TEST 2 • <u>.104</u>	TEST 3 • <u>.104</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>1</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>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: 111673  
Version no: 532B

TEST RECORD 00248

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

Air Blank:  
10/27/20 12:11 .000  
Calibration Check:  
21 10/27/20 12:11 .104

Subject Name

*N/A*

Subject I.D.

*N/A*

Operator Name, I.D.

*ROSC2721*

Location

*MODST TMC*

AS IV Serial no: 111673  
Version no: 532B

TEST RECORD 00249

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

Air Blank:  
10/27/20 12:12 .000  
Calibration Check:  
22 10/27/20 12:12 .104

Subject Name

*N/A*

Subject I.D.

*N/A*

Operator Name, I.D.

*ROSC2721*

Location

*MODST TMC*

AS IV Serial no: 111673  
Version no: 532B

TEST RECORD 00250

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

Air Blank:  
10/27/20 12:13 .000  
Calibration Check:  
22 10/27/20 12:13 .104

Subject Name

*N/A*

Subject I.D.

*N/A*

Operator Name, I.D.

*ROSC2721*

Location

*MODST TMC*

AS IV Serial no: 111673  
Version no: 532B

TEST RECORD 00251

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

VOID: RFI  
12 10/27/20 12:15

Subject Name

*N/A*

Subject I.D.

*N/A*

Operator Name, I.D.

*ROSC2721*

Location

*MODST 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 108cacc**

**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**  
**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