



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 111673	NAME OF AGENCY ST. LOUIS COUNTY POLICE DEPARTMENT	DATE OF INSPECTION 12/01/2020
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LOCATION OF INSTRUMENT (STREET AND CITY) 14301 SOUTH OUTER 40 RD, CHESTERFIELD	TIME OF INSPECTION 9:05 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.

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

SIMULATOR SOLUTION COMPRESSED ETHANOL-GAS MIXTURE

STANDARD SUPPLIER INTOXIMETERS LOT # AG3015503 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 ➔ 0.103

TEST 2 ➔ 0.103

TEST 3 ➔ 0.103

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-.04)	(.05-.09)	(.10-.14)	(.15-.19)	(OVER .19)
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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).

INSPECTING OFFICER

SIGNATURE
P.O. M. Maloney 4427

PRINT NAME
PO M. MALONEY, DSN 4427

TYPE II PERMIT NUMBER/EXPIRATION DATE
290063 / 03-08-2021

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: 111673
Version no: 532B

TEST RECORD 00252

Temp	Date	Time	g/ 210L
Air Blank:	12/01/20	09:05	.000
Calibration Check:	23 12/01/20	09:05	.103

Air Blank:
12/01/20 09:05 .000
Calibration Check:
23 12/01/20 09:05 .103

Subject Name

Test # 1

Subject I.D.

N/A

Operator Name, I.D.

Maloney 4427

Location

14301 South Outer

40 Rd

AS IV Serial no: 111673
Version no: 532B

TEST RECORD 00253

Temp	Date	Time	g/ 210L
Air Blank:	12/01/20	09:06	.000
Calibration Check:	23 12/01/20	09:06	.103

Air Blank:
12/01/20 09:06 .000
Calibration Check:
23 12/01/20 09:06 .103

Subject Name

Test # 2

Subject I.D.

N/A

Operator Name, I.D.

Maloney 4427

Location

14301 South Outer

40 Rd

AS IV Serial no: 111673
Version no: 532B

TEST RECORD 00254

Temp	Date	Time	g/ 210L
Air Blank:	12/01/20	09:08	.000
Calibration Check:	24 12/01/20	09:08	.103

Air Blank:
12/01/20 09:08 .000
Calibration Check:
24 12/01/20 09:08 .103

Subject Name

Test # 3

Subject I.D.

N/A

Operator Name, I.D.

Maloney 4427

Location

14301 South Outer 40Rd

AS IV Serial no: 111673
Version no: 532B

TEST RECORD 00255

Temp	Date	Time	g/ 210L
VOID: RFI	12 12/01/20	09:10	

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

Subject Name

RFI

Subject I.D.

N/A

Operator Name, I.D.

Maloney 4427

Location

14301 South Outer 40Rd



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 108cadd

<u>Exp. Date</u>	<u>Cyl. Type</u>	<u>Component</u>	<u>Certified Concentration</u>
3-Jun-2022	108	Ethanol Nitrogen	0.100 ± 2% BrAC (272 ppm) Balance

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

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

<u>CRM Serial No.</u>	<u>Concentration</u>	<u>CRM Serial No.</u>	<u>Concentration</u>
CC434668	800.0 ppm	0056649	390.1 ppm
CC234503	253.0 ppm	0056662	150.2 ppm

Analytical Method: NDIR

Digitally signed by Quality Control
 Date: 2020.06.10 14:11:39 -08:00
 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
ISO 17034:2016 A2LA accredited. Certificate Number 3082.07



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



PERMIT
TYPE II

MICHAEL P MALONEY

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 506.111 through 506.119 RSMo.

DATE 3/8/2019

NUMBER 290063

EXPIRES 3/8/2021

MO 680-077 (3-10)

[Signature]

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

[Signature]

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4, FIG-10