



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

RECEIVED

By Tracy Crews at 3:14 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 113778	NAME OF AGENCY St. Louis County Police Department	DATE OF INSPECTION 10/27/2020
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LOCATION OF INSTRUMENT (STREET AND CITY) MODOT TMC - 14301 S. Outer 40 Rd., Chesterfield, MO 63017	TIME OF INSPECTION 1:17 pm
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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) 21°C

PRINTER WORKING PROPERLY

TIME AND DATE DISPLAYING PROPERLY 10/27/20 13:17

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>.103</u>	TEST 2 • <u>.103</u>	TEST 3 • <u>.102</u>
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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 <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>
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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 <u>D. Rose 2721</u>	PRINT NAME Officer D. Rose, DSN 2721
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TYPE II PERMIT NUMBER/EXPIRATION DATE <u>290248 10/16/2021</u>	TELEPHONE NUMBER (636) 529-8210
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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: 113778
Version no: 532C

TEST RECORD 00282

Temp Date Time ^{g/} 210L

Air Blank:
10/27/20 13:17 .000
Calibration Check:
21 10/27/20 13:17 .103

Subject Name

NK

Subject I.D.

NK

Operator Name, I.D.

ROSE 2721

Location

MOIST TMC

AS IV Serial no: 113778
Version no: 532C

TEST RECORD 00283

Temp Date Time ^{g/} 210L

Air Blank:
10/27/20 13:18 .000
Calibration Check:
21 10/27/20 13:18 .103

Subject Name

NK

Subject I.D.

NK

Operator Name, I.D.

ROSE 2721

Location

MOIST TMC

AS IV Serial no: 113778
Version no: 532C

TEST RECORD 00284

Temp Date Time ^{g/} 210L

Air Blank:
10/27/20 13:20 .000
Calibration Check:
22 10/27/20 13:20 .102

Subject Name

NK

Subject I.D.

NK

Operator Name, I.D.

ROSE 2721

Location

MOIST TMC

AS IV Serial no: 113778
Version no: 532C

TEST RECORD 00285

Temp Date Time ^{g/} 210L

VOID: RFI
12 10/27/20 13:21

Subject Name

NK

Subject I.D.

NK

Operator Name, I.D.

ROSE 2721

Location

MOIST 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 108caccd

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
EB0010570
EB0010285
EB0010561
EB0010681

Concentration

392.1 ppm
259.8 ppm
208.0 ppm
103.6 ppm
52.12 ppm

RGM Serial No.

EB0010603
EB0010559
EB0010595
EB0010562
EB0010579

Concentration

393.0 ppm
258.2 ppm
208.3 ppm
104.2 ppm
52.81 ppm

CRM Serial No.

CC434668
CC234503

Concentration

800.0 ppm
253.0 ppm

CRM Serial No.

0056649
0056662

Concentration

390.1 ppm
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

MO 580-0771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R6-10)