



**ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT**

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<br>035484   | NAME OF AGENCY<br>Saint Charles County Police Department | DATE OF INSPECTION<br>01/28/2021 |
| LOCATION OF INSTRUMENT (STREET AND CITY)<br>101 Sheriff Dierker Court, O'Fallon, Missouri 63366 |  | TIME OF INSPECTION<br>3:11 am    |

**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 # AG003405 EXP. DATE 10/03/2021

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 ← .080

TEST 2 ← .079

TEST 3 ← .079

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 |
|----------|---|---------|---|-----------|---|-----------|---|-----------|---|------------|---|

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

PRINT NAME  
Scott Ronald

TYPE II PERMIT NUMBER/EXPIRATION DATE  
200202 / July 8, 2022

TELEPHONE NUMBER  
(636) 949-3000

**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: 035484  
Version no: 532C

TEST RECORD 00037

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

Air Blank:  
01/28/21 03:11 .000  
Calibration Check:  
24 01/28/21 03:11 .080

Subject Name

TEST

Subject I.D.

# 1

Operator Name, I.D.

SCOTT RONALD 200202

Location

SCCPD

AS IV Serial no: 035484  
Version no: 532C

TEST RECORD 00038

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

Air Blank:  
01/28/21 03:13 .000  
Calibration Check:  
25 01/28/21 03:13 .079

Subject Name

TEST

Subject I.D.

# 2

Operator Name, I.D.

SCOTT RONALD 200202

Location

SCCPD

AS IV Serial no: 035484  
Version no: 532C

TEST RECORD 00039

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

Air Blank:  
01/28/21 03:14 .000  
Calibration Check:  
26 01/28/21 03:14 .079

Subject Name

TEST

Subject I.D.

# 3

Operator Name, I.D.

SCOTT RONALD 200202

Location

SCCPD

AS IV Serial no: 035484  
Version no: 532C

TEST RECORD 00040

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

VOID: RFI  
12 01/28/21 03:16

Subject Name

TEST VOID

Subject I.D.

RFI

Operator Name, I.D.

SCOTT RONALD 200202

Location

SCCPD

AS IV Serial no: 035484  
Version no: 532C

TEST RECORD 00041

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

Air Blank:  
01/28/21 03:17 .000  
Subject Test: Auto  
27 01/28/21 03:17 .000

Subject Name

SELF TEST

Subject I.D.

# 1

Operator Name, I.D.

SCOTT RONALD 200202

Location

SCCPD



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:** 6-Feb-2020

**Lot # AG003405 Model 34cacd**

**Exp. Date**

3-Oct-2021

**Cyl. Type**

34

**Component**

Ethanol

Nitrogen

**Certified Concentration**

0.082 ± 0.002 BrAC (223 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: 2020.02.06 12:36:25 -06:00  
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



**PERMIT**  
**TYPE II**  
**SCOTT RONALD**

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**

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 7/8/2020

NUMBER 200202

EXPIRES 7/8/2022

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R6-10)



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

**INSTRUMENT OPERATOR CARD**

*The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.*

Operator **RONALD, SCOTT**  
 Permit No **200202**  
 Date Issued **7/8/2020**    Date Expires **7/8/2022**

