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By Tracy Crews at 12:51 pm, Mar 22, 2021



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY

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 043580	NAME OF AGENCY Saint Charles County Police Department	DATE OF INSPECTION 03/19/2021
LOCATION OF INSTRUMENT (STREET AND CITY) 101 Sheriff Dierker Court, O'Fallon, Missouri 63366		TIME OF INSPECTION 8:59 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)

PRINTER WORKING PROPERLY

TIME AND DATE DISPLAYING PROPERLY

BREATH ALCOHOL ACCURACY STANDARDS

SIMULATOR SOLUTION COMPRESSED ETHANOL-GAS MIXTURE

STANDARD SUPPLIER Intoximeters LOT # AG027203 EXP. DATE 05/28/2022

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 ← .080

TEST 2 ← .081

TEST 3 ← .081

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)	3	(.15-.19)	1	(OVER .19)	1
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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. Johnson

PRINT NAME
Mike Johnson

TYPE II PERMIT NUMBER/EXPIRATION DATE
200198 / 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: 043580
Version no: 532C

TEST RECORD 00300

Temp Date Time ^{s/} 210L

Air Blank:
03/19/21 20:59 .000
Calibration Check:
21 03/19/21 20:59 .080

Subject Name

Test #1

Subject I.D.

Operator Name, I.D.

P.O. Johnson 200198

Location

SCCPD

AS IV Serial no: 043580
Version no: 532C

TEST RECORD 00301

Temp Date Time ^{s/} 210L

Air Blank:
03/19/21 21:00 .000
Calibration Check:
22 03/19/21 21:00 .081

Subject Name

Test #2

Subject I.D.

Operator Name, I.D.

P.O. Johnson 200198

Location

SCCPD

AS IV Serial no: 043580
Version no: 532C

TEST RECORD 00302

Temp Date Time ^{s/} 210L

Air Blank:
03/19/21 21:01 .000
Calibration Check:
22 03/19/21 21:01 .081

Subject Name

Test #3

Subject I.D.

Operator Name, I.D.

P.O. Johnson 200198

Location

SCCPD

AS IV Serial no: 043580
Version no: 532C
TEST RECORD 00303
Temp Date Time ^{s/} 210L
VOID: RFI
12 03/19/21 21:02
Subject Name
RFI
Subject I.D.
Operator Name, I.D.
P.O. Johnson 200198
Location
SCCPD

AS IV Serial no: 043580
Version no: 532C
TEST RECORD 00304
Temp Date Time ^{s/} 210L
Air Blank:
03/19/21 21:03 .000
Test Test: Auto
12/61/20
Subject Name
Self-Test
Subject I.D.
Operator Name, I.D.
P.O. Johnson 200198
Location
SCCPD



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



**PERMIT
TYPE II**

MIKE JOHNSON

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 200198

EXPIRES 7/8/2022

MO 580-9771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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 JOHNSON, MIKE
Permit No 200198
Date Issued 7/8/2020 Date Expires 7/8/2022





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: 29-Sep-2020

Lot # AG027203 Model 34cacd

<u>Exp. Date</u>	<u>Cyl. Type</u>	<u>Component</u>	<u>Certified Concentration</u>
28-May-2022	34	Ethanol Nitrogen	0.082 ± 0.002 BrAC (223 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: 2020.09.30 20:00:06 -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