



**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 12/01/2021
LOCATION OF INSTRUMENT (STREET AND CITY) 101 Sheriff Dierker Court, O'Fallon, Missouri 63366		TIME OF INSPECTION 1:16 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 # AG109701 EXP. DATE 04/07/2023

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 • .084

TEST 2 • .082

TEST 3 • .082

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
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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 	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 00384

Temp Date Time %/ 210L

Air Blank:  
12/01/21 13:16 .000  
Calibration Check:  
23 12/01/21 13:16 .084

Subject Name

Test #1

Subject I.D.

Operator Name, I.D.

Cpl. Johnson 200198

Location

SCCPD

AS IV Serial no: 043580  
Version no: 532C

TEST RECORD 00385

Temp Date Time %/ 210L

Air Blank:  
12/01/21 13:17 .000  
Calibration Check:  
24 12/01/21 13:17 .082

Subject Name

Test #2

Subject I.D.

Operator Name, I.D.

Cpl. Johnson 200198

Location

SCCPD

AS IV Serial no: 043580  
Version no: 532C

TEST RECORD 00386

Temp Date Time %/ 210L

Air Blank:  
12/01/21 13:19 .000  
Calibration Check:  
24 12/01/21 13:19 .082

Subject Name

Test #3

Subject I.D.

Operator Name, I.D.

Cpl. Johnson 200198

Location

SCCPD

AS IV Serial no: 043580  
Version no: 532C

TEST RECORD 00387

Temp Date Time %/ 210L

VOID: REF  
12 12/01/21 13:20

Subject Name

RFI Test

Subject I.D.

Operator Name, I.D.

Cpl. Johnson 200198

Location

SCCPD

AS IV Serial no: 043580  
Version no: 532C

TEST RECORD 00388

Temp Date Time %/ 210L

Air Blank:  
12/01/21 13:21 .000  
Subject Test: Auto  
25 12/01/21 13:21 .000

Subject Name

SALC-Test

Subject I.D.

Operator Name, I.D.

Cpl. Johnson 200198

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:** 7-Apr-2021

**Lot # AG109701 Model 108cadd**

**Exp. Date**

7-Apr-2023

**Cyl. Type**

108

**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.**

CC727481

CC727496

**Concentration**

800.0 ppm

253.0 ppm

**CRM Serial No.**

CC727493

CC727498

**Concentration**

390.0 ppm

150.0 ppm

**Analytical Method:**

NDIR

Digitally signed by Quality Control  
Date: 2021.04.07 17:42:01 -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

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**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

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

