



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

RECEIVED
By Tracy Crews at 12:13 pm, Feb 11, 2021

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 100288	NAME OF AGENCY St. Louis County Police Department	DATE OF INSPECTION 02/11/2021
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LOCATION OF INSTRUMENT (STREET AND CITY) Wildwood Precinct: 16860 Main St., Wildwood, MO	TIME OF INSPECTION 8:43 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) 18°C
- PRINTER WORKING PROPERLY
- TIME AND DATE DISPLAYING PROPERLY 02/11/21 08:43

BREATH ALCOHOL ACCURACY STANDARDS

<input type="checkbox"/> SIMULATOR SOLUTION	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>Intoximeters</u>	LOT # <u>AG015503</u> EXP. DATE <u>06/03/2022</u>
<input type="checkbox"/> 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>.102</u>	TEST 2 <u>.103</u>	TEST 3 <u>.103</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>1</u>	(0-.04)	<u>0</u>	(.05-.09)	<u>0</u>	(.10-.14)	<u>0</u>	(.15-.19)	<u>0</u>	(OVER .19)	<u>1</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).
Adjusted the time clock

INSPECTING OFFICER	
SIGNATURE <u>D. Rose DSN 2721</u>	PRINT NAME Officer D. Rose, DSN 2721
TYPE II PERMIT NUMBER/EXPIRATION DATE 290248 10/16/2021	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: 100288
Version no: 532B

TEST RECORD 00599 %/
Temp Date Time 210L

Air Blank:
02/11/21 08:43 .000
Calibration Check:
18 02/11/21 08:43 .002

Subject Name

N/A

Subject I.D.

N/A

Operator Name, I.D.

ROSE 2727

Location

6th fl.

AS IV Serial no: 100288
Version no: 532B

TEST RECORD 00599 %/
Temp Date Time 210L

Air Blank:
02/11/21 08:45 .000
Calibration Check:
19 02/11/21 08:45 .103

Subject Name

N/A

Subject I.D.

N/A

Operator Name, I.D.

ROSE 2727

Location

6th fl.

AS IV Serial no: 100288
Version no: 532B

TEST RECORD 00600 %/
Temp Date Time 210L

Air Blank:
02/11/21 08:47 .000
Calibration Check:
19 02/11/21 08:47 .103

Subject Name

N/A

Subject I.D.

N/A

Operator Name, I.D.

ROSE 2727

Location

6th fl.

AS IV Serial no: 100288
Version no: 532B

TEST RECORD 00601 %/
Temp Date Time 210L

VOID: RFI
12 02/11/21 08:48

Subject Name

N/A

Subject I.D.

N/A

Operator Name, I.D.

ROSE 2727

Location

6th fl.



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 108cacc

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:

<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

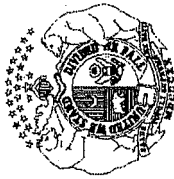
Analytical Method: NDIR

Digitally signed by Quality Control
Date: 2020.06.10 14:11:39 -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



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

[Signature]

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

[Signature]

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES