



**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 107989	NAME OF AGENCY FLORISSANT POLICE DEPARTMENT	DATE OF INSPECTION 07/01/2021
LOCATION OF INSTRUMENT (STREET AND CITY) 1700 US HWY 67		TIME OF INSPECTION 8:19 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.

<input checked="" type="checkbox"/> DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)
<input checked="" type="checkbox"/> TEMPERATURE OF ALCO SENSOR (10°C - 40°C)
<input checked="" type="checkbox"/> PRINTER WORKING PROPERLY
<input checked="" type="checkbox"/> TIME AND DATE DISPLAYING PROPERLY

**BREATH ALCOHOL ACCURACY STANDARDS**

<input type="checkbox"/> SIMULATOR SOLUTION	<input type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>INTOXIMETERS</u> LOT # <u>AG106001</u> EXP. DATE <u>03/01/2023</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)

<input checked="" type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE
<input type="checkbox"/> 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE
<input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE

TEST 1  .098	TEST 2  .098	TEST 3  .098
--------------	--------------	--------------

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-.04) 0	(.05-.09)	(.10-.14)	(.15-.19)	(OVER .19)
----------	-----------	-----------	-----------	-----------	------------

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).

Instrument functioning withing DHSS guidelines

**INSPECTING OFFICER**

SIGNATURE 	PRINT NAME Kyle Feldmann
---------------	-----------------------------

TYPE II PERMIT NUMBER/EXPIRATION DATE 200262 10/02/2022	TELEPHONE NUMBER (314) 831-7000
--	------------------------------------

**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: 187989  
Version no: 532B

TEST RECORD 01116

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

Air Blank:  
07/01/21 20:19 .000  
Calibration Check:  
29 07/01/21 20:19 .000

Subject Name  
TEST1  
Subject I.D.

Operator Name, I.D.  
FELDMANN 200202  
Location  
FPD

AS IV Serial no: 187989  
Version no: 532B

TEST RECORD 01116  
Temp Date Time <sup>SP</sup> 210L  
Air Blank:  
07/01/21 20:21 .000  
Calibration Check:  
29 07/01/21 20:21 .000

Subject Name  
TEST2  
Subject I.D.

Operator Name, I.D.  
FELDMANN 200202  
Location  
FPD

TEST3

Operator Name, I.D.  
FELDMANN 200202  
Location  
FPD

AS IV Serial no: 187989  
Version no: 532B

TEST RECORD 01116

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

Air Blank:  
07/01/21 20:24 .000  
Calibration Check:  
29 07/01/21 20:24 .000

Subject Name  
RFI  
Subject I.D.

Operator Name, I.D.  
FELDMANN 200202  
Location  
FPD

AS IV Serial no: 187989  
Version no: 532B

TEST RECORD 01116

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

Air Blank:  
07/01/21 20:24 .000  
Calibration Check:  
29 07/01/21 20:24 .000

Subject Name  
BLANK  
Subject I.D.

Operator Name, I.D.  
FELDMANN 200202  
Location  
FPD



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:** 2-Mar-2021

**Lot # AG106001 Model 108caccd**

<b>Exp. Date</b> 1-Mar-2023	<b>Cyl. Type</b> 108	<b>Component</b> Ethanol Nitrogen	<b>Certified Concentration</b> 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>
CC727481	800.0 ppm	CC727493	390.0 ppm
CC727496	253.0 ppm	CC727498	150.0 ppm

**Analytical Method:** NDIR

Approved for Release: 

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**

**KYLE J FELDMANN**

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 EC/IR II**

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 10/2/2020

NUMBER 200262

EXPIRES 10/2/2022

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 **FELDMANN, KYLE**  
 Permit No **200262**  
 Date Issued **10/2/2020**    Date Expires **10/2/2022**

