



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

RECEIVED

By Tracy Crews at 8:56 am, Nov 16, 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 107989	NAME OF AGENCY FLORISSANT POLICE DEPARTMENT	DATE OF INSPECTION 11/06/2021
LOCATION OF INSTRUMENT (STREET AND CITY) 1700 US HWY 67		TIME OF INSPECTION 5:44 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 checked="" 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 .099	TEST 2 .099	TEST 3 .099
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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	(0-.04) 0	(.05-.09)	(.10-.14)	(.15-.19)	(OVER .19)
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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).

Instrument functioning within DHSS guidelines

INSPECTING OFFICER

SIGNATURE 	PRINT NAME P.O. Michael Arthur, DSN 570
TYPE II PERMIT NUMBER/EXPIRATION DATE 210152 08/04/2023	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.

NO DU Serial not 17244
NO DU Serial not 532P

TEST REQUEST 01140

Year Date Time 2001

NO DU Serial not 17244 (000)
NO DU Serial not 532P
NO DU Serial not 17244 (000)

NO DU Serial not 17244

Maintenance Test

NO DU Serial not 17244

N/A

NO DU Serial not 17244

PO Michael Arthur, ASN 570

NO DU Serial not 17244

1700 N. Hwy 67

Florissant, MO 63033

NO DU Serial not 180569
NO DU Serial not 532P

TEST REQUEST 01140

Year Date Time 2001

NO DU Serial not 180569
NO DU Serial not 532P
NO DU Serial not 180569

NO DU Serial not 180569

Maintenance Test

NO DU Serial not 180569

N/A

NO DU Serial not 180569

PO Michael Arthur, ASN 570

NO DU Serial not 180569

1700 N. Hwy 67

Florissant, MO 63033

NO DU Serial not 180569
NO DU Serial not 532P

TEST REQUEST 01140

Year Date Time 2001

NO DU Serial not 180569
NO DU Serial not 532P
NO DU Serial not 180569

NO DU Serial not 180569

Maintenance Test

NO DU Serial not 180569

N/A

NO DU Serial not 180569

PO Michael Arthur, ASN 570

NO DU Serial not 180569

1700 N. Hwy 67

Florissant, MO 63033

NO DU Serial not 17244
NO DU Serial not 532P

TEST REQUEST 01140

Year Date Time 2001

NO DU Serial not 17244
NO DU Serial not 532P

NO DU Serial not 17244

Maintenance Test

NO DU Serial not 17244

N/A

NO DU Serial not 17244

PO Michael Arthur, 570

NO DU Serial not 17244

1700 N. Hwy 67

Florissant, MO 63033



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 108cacc

<u>Exp. Date</u>	<u>Cyl. Type</u>	<u>Component</u>	<u>Certified Concentration</u>
1-Mar-2023	108	Ethanol Nitrogen	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

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PERMIT
TYPE II
MICHAEL ARTHUR

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 8/4/2021

NUMBER 210152

EXPIRES 8/4/2023

Laura A. Noy

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Rob Knud

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 ARTHUR, MICHAEL

Permit No 210152

Date Issued 8/4/2021 Date Expires 8/4/2023

