



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 12/01/2021 |
| LOCATION OF INSTRUMENT (STREET AND CITY) 1700 US HWY 67 | | TIME OF INSPECTION 8:43 am |

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 INTOXIMETERS | LOT # AG106001 EXP. DATE 03/01/2023 |
| <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 |
|--------------|--------------|--------------|

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 10 Serial no: 107989
Version no: 532B

TEST RECORD 01143

Time Date Time ^{9'} 210L

For Blank:
12/01/21 08:43 .000
Calibration Check:
24 12/01/21 08:43 .099

Subject Name

TEST 1

Subject I.D.

Operator Name, I.D.

FELDMANN 200202

Location

FPD

AS 10 Serial no: 107989
Version no: 532B

TEST RECORD 01144

Time Date Time ^{9'} 210L

For Blank:
12/01/21 08:44 .000
Calibration Check:
24 12/01/21 08:44 .099

Subject Name

TEST 2

Subject I.D.

Operator Name, I.D.

FELDMANN 200202

Location

FPD

AS 10 Serial no: 107989
Version no: 532B

TEST RECORD 01145

Time Date Time ^{9'} 210L

For Blank:
12/01/21 08:46 .000
Calibration Check:
24 12/01/21 08:46 .099

Subject Name

TEST 3

Subject I.D.

Operator Name, I.D.

FELDMANN 200202

Location

FPD

AS 10 Serial no: 107989
Version no: 532B

TEST RECORD 01146

Time Date Time ^{9'} 210L

VOID: RFI
12 12/01/21 08:50

Subject Name

RFI

Subject I.D.

Operator Name, I.D.

FELDMANN 200202

Location

FPD

AS 10 Serial no: 107989
Version no: 532B

TEST RECORD 01147

Time Date Time ^{9'} 210L

For Blank:
12/01/21 08:50 .000
Subject Test: 403
24 12/01/21 08:50 .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

| <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



**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**

