



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 111673	NAME OF AGENCY St. Louis County Police Department	DATE OF INSPECTION 03/18/2021
-----------------------------	------------------------------------------------------	----------------------------------

LOCATION OF INSTRUMENT (STREET AND CITY) 14301 South Outer 40 Rd, Chesterfield	TIME OF INSPECTION 12:59 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 # AG015503 EXP. DATE 06/03/2022

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 .101

TEST 2 .101

TEST 3 .100

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
----------	---	---------	---	-----------	---	-----------	---	-----------	---	------------	---

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).

Time updated to reflect daylight savings

INSPECTING OFFICER

SIGNATURE

PRINT NAME
PO Jahns, DSN 3725

TYPE II PERMIT NUMBER/EXPIRATION DATE
210016 / 02/01/2023

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: 111673
Version no: 532B

TEST RECORD 00264

Temp Date Time ^{a/} 210L

Air Blank:
03/18/21 13:04 .000
Calibration Check:
24 03/18/21 13:04 .101

Subject Name

Cal Check #1

Subject I.D.

N/A

Operator Name, I.D.

Johns BPS

Location

MoDOT TMC

AS IV Serial no: 111673
Version no: 532B

TEST RECORD 00265

Temp Date Time ^{a/} 210L

Air Blank:
03/18/21 13:06 .000
Calibration Check:
25 03/18/21 13:06 .101

Subject Name

Cal Check #2

Subject I.D.

N/A

Operator Name, I.D.

Johns BPS

Location

MoDOT TMC

AS IV Serial no: 111673
Version no: 532B

TEST RECORD 00266

Temp Date Time ^{a/} 210L

Air Blank:
03/18/21 13:07 .000
Calibration Check:
26 03/18/21 13:07 .100

Subject Name

Cal Check #3

Subject I.D.

N/A

Operator Name, I.D.

Johns BPS

Location

MoDOT TMC

AS IV Serial no: 111673
Version no: 532B

TEST RECORD 00267

Temp Date Time ^{a/} 210L

VOID: RFI
12 03/18/21 13:08

Subject Name

RFI Check

Subject I.D.

N/A

Operator Name, I.D.

Johns BPS

Location

MoDOT TMC



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 108cacd

<u>Exp. Date</u>	<u>Cyl. Type</u>	<u>Component</u>	<u>Certified Concentration</u>
3-Jun-2022	108	Ethanol	0.100 ± 2% BrAC (272 ppm)
		Nitrogen	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

2

PERMIT
TYPE II
KYLE JAHNS

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 2/1/2021

NUMBER 210016

EXPIRES 2/1/2023

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES