



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

**RECEIVED**  
 By Tracy Crews at 10:53 am, Feb 22, 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 111742	NAME OF AGENCY St. Louis County Police Department	DATE OF INSPECTION 02/19/2021
LOCATION OF INSTRUMENT (STREET AND CITY) 14301 South Outer 40 Rd, Chesterfield		TIME OF INSPECTION 9:49 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.

- 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**

<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 • .101	TEST 2 • .101	TEST 3 • .100
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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	(0-.04)	5	(.05-.09)	0	(.10-.14)	1	(.15-.19)	0	(OVER .19)	0
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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).

**INSPECTING OFFICER**

SIGNATURE <i>P.O. M. Maloney 4427</i>	PRINT NAME PO M. MALONEY, DSN 4427
TYPE II PERMIT NUMBER/EXPIRATION DATE 290063 / 03/08/2021	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: 111742  
Version no: 532B

AS IV Serial no: 111742  
Version no: 532B

TEST RECORD 00366

TEST RECORD 00367

Temp Date Time <sup>9/</sup> 210L

Temp Date Time <sup>9/</sup> 210L

Air Blank:  
02/19/21 09:52 .000  
Calibration Check:  
30 02/19/21 09:52 .101

Air Blank:  
02/19/21 09:54 .000  
Calibration Check:  
30 02/19/21 09:54 .101

Subject Name

Test # 1

Subject Name

Test # 2

Subject I.D.

N/A

Subject I.D.

N/A

Operator Name, I.D.

Maloney 4427

Operator Name, I.D.

Maloney 4427

Location

14301 S. Outer 40

Location

14301 S. Outer 40

Chesterfield

Chesterfield

AS IV Serial no: 111742  
Version no: 532B

AS IV Serial no: 111742  
Version no: 532B

TEST RECORD 00368

TEST RECORD 00369

Temp Date Time <sup>9/</sup> 210L

Temp Date Time <sup>9/</sup> 210L

Air Blank:  
02/19/21 09:56 .000  
Calibration Check:  
30 02/19/21 09:56 .100

VOID: RFI  
12 02/19/21 09:57

Subject Name

Test # 3

Subject Name

RFI Test

Subject I.D.

N/A

Subject I.D.

N/A

Operator Name, I.D.

Maloney 4427

Operator Name, I.D.

Maloney 4427

Location

14301 S. Outer 40

Location

14301 S. Outer 40

Chesterfield

Chesterfield



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:

**RGM Serial No.**

EB0010581

EB0010570

EB0010285

EB0010561

EB0010681

**Concentration**

392.1 ppm

259.8 ppm

208.0 ppm

103.6 ppm

52.12 ppm

**RGM Serial No.**

EB0010603

EB0010559

EB0010595

EB0010562

EB0010579

**Concentration**

393.0 ppm

258.2 ppm

208.3 ppm

104.2 ppm

52.81 ppm

**CRM Serial No.**

CC434668

CC234503

**Concentration**

800.0 ppm

253.0 ppm

**CRM Serial No.**

0056649

0056662

**Concentration**

390.1 ppm

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**

**MICHAEL P MALONEY**

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 606.111 through 606.119, RSMo.

DATE 3/8/2019

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 290063

EXPIRES 3/8/2021

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES