



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
STATE PUBLIC HEALTH LABORATORY

**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 030809	NAME OF AGENCY OVERLAND POLICE DEPARTMENT	DATE OF INSPECTION 08/30/2022
LOCATION OF INSTRUMENT (STREET AND CITY) 2410 Goodale Ave. Overland, MO 63114		TIME OF INSPECTION 6:19 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.

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 Inc. LOT # AG123605 EXP. DATE 04/24/2023

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 ↻ .098

TEST 2 ↻ .097

TEST 3 ↻ .097

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)	(.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).

**INSPECTING OFFICER**

SIGNATURE <i>Chris Schott 546</i>	PRINT NAME Chris Schott
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TYPE II PERMIT NUMBER/EXPIRATION DATE 220170 06/24/2024	TELEPHONE NUMBER (314) 428-1221
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**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: 030809  
Version no: 532B

TEST RECORD 01563

Temp Date Time 210L  
s/

WUII: RFI  
12 08/30/22 18:06

Subject Name

RFI

Subject I.D.

RFI

Operator Name, I.D.

Schoff 546

Location

2410 Goodale

Overland, Mo, 63114

AS IV Serial no: 030809  
Version no: 532B

TEST RECORD 01562

Temp Date Time 210L  
s/

Air Blank:  
08/30/22 18:04 .000  
Calibration Check:  
24 08/30/22 18:04 .097

Subject Name

Test 3

Subject I.D.

Test 3

Operator Name, I.D.

Schoff 546

Location

2410 Goodale

Overland, Mo, 63114

AS IV Serial no: 030809  
Version no: 532B

TEST RECORD 01561

Temp Date Time 210L  
s/

Air Blank:  
08/30/22 18:02 .000  
Calibration Check:  
23 08/30/22 18:02 .097

Subject Name

Test 2

Subject I.D.

Test 2

Operator Name, I.D.

Schoff 546

Location

2410 Goodale

Overland, Mo, 63114

AS IV Serial no: 030809  
Version no: 532B

TEST RECORD 01560

Temp Date Time 210L  
s/

Air Blank:  
08/30/22 17:59 .000  
Calibration Check:  
22 08/30/22 17:59 .098

Subject Name

Test 1

Subject I.D.

Test 1

Operator Name, I.D.

Schoff 546

Location

2410 Goodale

Overland, Mo, 63114



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:** 24-Aug-2021

**Lot #** AG123605 **Model** 34

<b>Exp Date</b> 24-Apr-2023	<b>Cyl. Type</b> 34	<b>Component</b> Ethanol Nitrogen	<b>Certified Concentration</b> 0.100 ± 2% BrAC (272 ppm)
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**Certification Traceable to N.I.S.T. RGM and to CRM Ethanol Standards:**

RGM Serial No.	Concentration	RGM Serial No.	Concentration
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

CRM Serial No.	Concentration	CRM Serial No.	Concentration
CC434668	800.0 ppm	0056649	390.1 ppm
CC234503	253.0 ppm	0056662	150.2 ppm

**Analytical Method:** NDIR

Digitally signed by:Quality Control  
 Reason:Dry gas standard certification of analysis  
 Location:Airgas USA LLC (Lab)  
 Date:08.25.2021 18:52

Approved for Release:   
 Rod Marsala

**ISO 17025:2017 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**  
**CHRIS D. SCHOTT**

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 6/24/2022

NUMBER 220170

EXPIRES 6/24/2024

*Mike Mason*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*David F. Nielson*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES



**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 SCHOTT, CHRIS  
 Permit No 220170  
 Date Issued 6/24/2022    Date Expires 6/24/2024

