



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

**RECEIVED**  
 By Tracy Crews at 8:25 am, Mar 22, 2022

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 034874	NAME OF AGENCY St. Charles County PD	DATE OF INSPECTION 03/17/2022
LOCATION OF INSTRUMENT (STREET AND CITY) 101 Sheriff Dierker Court, O'fallon, MO 63366		TIME OF INSPECTION

**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 # AG109701 EXP. DATE 04/07/2023
- 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 • 0.080	TEST 2 • 0.080	TEST 3 • 0.081
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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)	(.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>Cpl. Johnson 663</i>	PRINT NAME Mike Johnson
TYPE II PERMIT NUMBER/EXPIRATION DATE 200198 / 07-08-2023	TELEPHONE NUMBER (636) 949-3000

**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: 034874  
Version no: 532C

TEST RECORD 00129

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

Air Blank:  
03/17/22 18:13 .000  
Calibration Check:  
27 03/17/22 18:13 .000

Subject Name

Test #1

Subject I.D.

Operator Name, I.D.

Cpl. Johnson 200798

Location

SCRD

AS IV Serial no: 034874  
Version no: 532C

TEST RECORD 00130

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

Air Blank:  
03/17/22 18:14 .000  
Calibration Check:  
27 03/17/22 18:14 .000

Subject Name

Test #2

Subject I.D.

Operator Name, I.D.

Cpl. Johnson 200798

Location

SCRD

AS IV Serial no: 034874  
Version no: 532C

TEST RECORD 00131

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

Air Blank:  
03/17/22 18:16 .000  
Calibration Check:  
27 03/17/22 18:16 .001

Subject Name

Test #3

Subject I.D.

Operator Name, I.D.

Cpl. Johnson 200798

Location

SCRD

AS IV Serial no: 034874  
Version no: 532C

TEST RECORD 00132

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

VOID: REI  
12 03/17/22 18:17

Subject Name

R57 Test

Subject I.D.

Operator Name, I.D.

Cpl. Johnson 200798

Location

SCRD

AS IV Serial no: 034874  
Version no: 532C

TEST RECORD 00133

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

Air Blank:  
03/17/22 18:18 .000  
Subject Test: Auto  
28 03/17/22 18:18 .000

Subject Name

Self Test

Subject I.D.

Operator Name, I.D.

Cpl. Johnson 200798

Location

SCRD





STATE OF MISSOURI  
 DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 BREATH ALCOHOL PROGRAM



**PERMIT**  
**TYPE II**  
**MIKE JOHNSON**

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**

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 7/8/2020

NUMBER 200198

EXPIRES 7/8/2022

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

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** JOHNSON, MIKE  
**Permit No** 200198  
**Date Issued** 7/8/2020 **Date Expires** 7/8/2022

