



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<br>034874   | NAME OF AGENCY<br>St. Charles County PD | DATE OF INSPECTION<br>11/16/2022 |
| LOCATION OF INSTRUMENT (STREET AND CITY)<br>101 Sheriff Dierker Court, O'fallon, MO 63366 |   | TIME OF INSPECTION<br>4:45 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**

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 ← .081 | TEST 2 ← .081 | TEST 3 ← .081 |
|---------------|---------------|---------------|

- 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).

**INSPECTING OFFICER**

|  |                                    |
|--|------------------------------------|
| SIGNATURE<br> | PRINT NAME<br>Mike Johnson         |
| TYPE II PERMIT NUMBER/EXPIRATION DATE<br>220150 / 05-25-2024                                     | TELEPHONE NUMBER<br>(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 00200

Temp Date Time 210L

Air Blank:  
11/16/22 04:45 .000  
Calibration Check:  
22 11/16/22 04:45 .001

Subject Name

Test #1

Subject I.D.

Operator Name, I.D.

Cpt. Johnson 220150

Location

SCUD

AS IV Serial no: 034874  
Version no: 532C

TEST RECORD 00201

Temp Date Time 210L

Air Blank:  
11/16/22 04:46 .000  
Calibration Check:  
22 11/16/22 04:46 .001

Subject Name

Test #2

Subject I.D.

Operator Name, I.D.

Cpt. Johnson 220150

Location

SCUD

AS IV Serial no: 034874  
Version no: 532C

TEST RECORD 00202

Temp Date Time 210L

Air Blank:  
11/16/22 04:48 .000  
Calibration Check:  
23 11/16/22 04:48 .001

Subject Name

Test #3

Subject I.D.

Operator Name, I.D.

Cpt. Johnson 220150

Location

SCUD

AS IV Serial no: 034874  
Version no: 532C

TEST RECORD 00203

Temp Date Time 210L

VOID: REI  
12 11/16/22 04:48

Subject Name

R51 404

Subject I.D.

Operator Name, I.D.

Cpt. Johnson 220150

Location

SCUD

AS IV Serial no: 034874  
Version no: 532C

TEST RECORD 00204

Temp Date Time 210L

Air Blank:  
11/16/22 04:49 .000  
Subject Test: Auto  
24 11/16/22 04:49 .000

Subject Name

Seller 404

Subject I.D.

Operator Name, I.D.

Cpt. Johnson 220150

Location

SCUD



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: 7-Apr-2021

Lot # AG109701 Model 108cacd

| <u>Exp. Date</u> | <u>Cyl. Type</u> | <u>Component</u>    | <u>Certified Concentration</u>          |
|------------------|------------------|---------------------|---|
| 7-Apr-2023       | 108              | Ethanol<br>Nitrogen | 0.082 ± 0.002 BrAG (223 ppm)<br>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> |
| GC727481              | 800.0 ppm            | GC727493              | 390.0 ppm            |
| GC727496              | 253.0 ppm            | GC727498              | 150.0 ppm            |

Analytical Method: NDIR

Digitally signed by Quality Control  
 Date: 2021.04.07 17:42:01 -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**  
**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 5/25/2022

NUMBER 220150

EXPIRES 5/25/2024

*Mike Massman*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Paula J. Nebeleson*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 680-0771 (6-10)

LAB-4 (PG-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 **JOHNSON, MIKE**  
Permit No **220150**  
Date Issued **5/25/2022** Date Expires **5/25/2024**

