



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

**RECEIVED**  
 By Tracy Crews at 8:56 am, Oct 11, 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 042311	NAME OF AGENCY Saint Charles County Police Department	DATE OF INSPECTION 10/08/2022
LOCATION OF INSTRUMENT (STREET AND CITY) 101 Sheriff Dierker Court, O'Fallon, Missouri 63366		TIME OF INSPECTION 8:19 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**

<input type="checkbox"/> SIMULATOR SOLUTION	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER Intoximeters	LOT # AG109701 EXP. DATE 04/07/2023
<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 ➔ .079	TEST 2 ➔ .082	TEST 3 ➔ .082
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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)	0	(.05-.09)	0	(.10-.14)	0	(.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).

<b>INSPECTING OFFICER</b>	
SIGNATURE Cpl. [Signature] 663	PRINT NAME Mike Johnson
TYPE II PERMIT NUMBER/EXPIRATION DATE 220150 / 05-25-2024	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: 042311  
Version no: 532C

TEST RECORD 00401

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

Air Blank:  
10/08/22 20:19 .000  
Calibration Check:  
21 10/08/22 20:19 .079

Subject Name

*Test #1*

Subject I.D.

Operator Name, I.D.

*Cpl. Johnson 220150*

Location

*SCCPD*

AS IV Serial no: 042311  
Version no: 532C

TEST RECORD 00402

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

Air Blank:  
10/08/22 20:21 .000  
Calibration Check:  
22 10/08/22 20:21 .082

Subject Name

*Test #2*

Subject I.D.

Operator Name, I.D.

*Cpl. Johnson 220150*

Location

*SCCPD*

AS IV Serial no: 042311  
Version no: 532C

TEST RECORD 00403

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

Air Blank:  
10/08/22 20:23 .000  
Calibration Check:  
23 10/08/22 20:23 .082

Subject Name

*Test #3*

Subject I.D.

Operator Name, I.D.

*Cpl. Johnson 220150*

Location

*SCCPD*

AS IV Serial no: 042311  
Version no: 532C

TEST RECORD 00404

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

UOIR: KFI  
12 10/08/22 20:24

Subject Name

*CFI Test*

Subject I.D.

Operator Name, I.D.

*Cpl. Johnson 220150*

Location

*SCCPD*

AS IV Serial no: 042311  
Version no: 532C

TEST RECORD 00405

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

Air Blank:  
10/08/22 20:25 .000  
Subject Test: Auto  
23 10/08/22 20:25 .000

Subject Name

*Self-Test*

Subject I.D.

Operator Name, I.D.

*Cpl. Johnson 220150*

Location

*SCCPD*



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 108cacc

Exp. Date

7-Apr-2023

Cyl. Type

108

Component

Ethanol  
Nitrogen

Certified Concentration

0.082 ± 0.002 BrAC (223 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.

CC727481

CC727496

Concentration

800.0 ppm

253.0 ppm

CRM Serial No.

CC727493

CC727498

Concentration

390.0 ppm

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

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**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

*David F. Nicholson*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R6-10)

 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

