

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

4502017							
Complete this report in c Send copy to Departmen	duplicate at the time at of Health and Se	e of the regular m	nonthly preventative r ain original in departn	naintenance nent file.	check, and wher	never instrument i	s repaired.
ALCO SENSOR IV SN 042311		NAME OF AGENCY Saint Charles County Police Depar			DATE OF INSPECTION ont 11/05/2022		
LOCATION OF INSTRUMENT (101 Sheriff Dierker Co		souri 63366				TIME OF INSPECTION 7:51 pm	
CHECKLIST: Place a ma	ark in the box by eac	ch item if found to	be satisfactory or if or	erating with			ved values
where determined.) Unm	···		re using instrument.				
DIGITAL READOUT	(ALL ELEMENTS	OPERATIONAL)					
☑ TEMPERATURE OF	ALCO SENSOR (10°C - 40°C)					
PRINTER WORKING	G PROPERLY						
☑ TIME AND DATE DI	SPLAYING PROPE	RLY					
BREATH ALCOHOL AC	CURACY STANDA	ARDS			-		
☐ SIMULATOR SOLUT		☑ COMPRESSED ETHANOL-GAS MIXTURE					
☑ STANDARD SUPPL	IER Intoximeters		LOT # AG109	701	EXP. DATE <u>04/0</u>	7/2023	
☐ SIMULATOR TEMP	ERATURE (34°C ±	0.2°C)	SIM. SN		SIM. NIST E	XP DATE	
☐ 0.100% STAND. ☐ 0.080% STAND. ☐ 0.040% STAND. TEST 1 • .082	ARD - MUST REAI ARD - MUST REAI ARD - MUST REAI	e standard solution being used. (PRINTOUT DETWEEN 0.095% and 0.105% INCLUSIVED BETWEEN 0.076% and 0.084% INCLUSIVED BETWEEN 0.038% and 0.042% INCLUSIVED TEST 2 .082			/E /E		
RFI DETECTOR OPE	ERATING						
INDICATE THE NUMBEI (DO NOT INCLUDE SEL			LOWING RANGES	SINCE THE	LAST MAINTEN	ANCE REPORT:	
REFUSALS 0	(004) 0	(.0509)	0 (.1014)	1 (.1	519) 0	(OVER .19)	0
List any new parts and destablished limits (use ot	lescribe any alterat	ion or modificatio	n that was made to	restore the i	nstrument to ope	rate satisfactorily	and within
INSPECTING OFFICER							
SIGNATURE COLVE	6 63		. —————		NAME (e Johnson		
TYPE II PERMIT NUMBER/EXPIRATION DATE 220150 / 05-25-2024				TELEF	TELEPHONE NUMBER (636) 949-3000		
Return completed repo		Mcohol Program, fax, or email.	MO Department of H	<u> </u>		outheast District O	office

AS IV Serial no: 042311 Version no: 532C	AS IV Serial no: 042311 Version no: 532C	AS IV Serial no: 042311 Version no: 532C
TEST RECORD 90428	TEST RICORD 00429	TEST RECORD 00430
s/ Temp Date Time 2101	9/ Temp Date Time 210L	Temp Date Time 210L
Air Blank: 11/05/22 19:51 .000 Calibration Check: 20 11/05/22 19:51 .082	Air Blank; 11/05/22 19:53 .000 Calibration Check; 21 11/05/22 19:53 .082	Air Blank: 11/05/22 19:54 .000 Calibration Check: 22 11/05/22 19:54 .081
Subject Kame	Subject Name	Subject Name
Test # 1	Test #2	<u>Trst # 3</u> Subject I.D.
Subject I.D.	Subject I.D.	
National Management (Appropriate Appropriate Community C	Operator Name: I.D.	Operator Name, I.D.
Operator Name: I.D.	Cpli Johnson 220140	Cpl. Johnson 220150
Cpl. Johnson 220180 Location	Location	Location
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•	AS IV Serial no: 842 Version no: 532C TEST RECORD 6048 Temp Date Time Air Blank: 11/05/72 19:56 Subject Test: Auto 23 11/05/72 19:56 Subject Name Subject Name	Col. Johnson 220170 Location \$ccPO
	Sub	90
	Approximate to the second seco	· ·

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES BLOOD ALCOHOL TEST REPORT - ALCO-SENSOR IV

WITH PRINTER FORM #8 SUBJECT'S NAME DATE OF TEST OPERATIONAL CHECKLIST: ALCO-SENSOR IV WITH PRINTER ALCO-SENSOR SERIAL NO. LOCATION OF INSTRUMENT TIME OBSERVATION PERIOD STARTED TIME OF TEST 1. Examination of mouth conducted, if any substance is observed or indicated to be present, the substance observed or indicated must be removed prior to standing the 15 minute observation period. 2. Subject observed for at least 15 minutes by No smoking, oral intake or vomiting during this time; if vomiting occurs, start over with 15 minute observation period. 3. Make sure printer is connected to Alco-Sensor IV. 4. Turn printer on. 5. Insert mouthpiece into Alco-Sensor IV. 6. Observe temperature display, make sure temperature reading is between 10°C 7. When "TEST" is displayed on Alco-Sensor IV, take subject breath sample. □ 8. When "SET" is displayed on Alco-Sensor IV, press SET button. 9. When printer has completed printing test result, tear off tape and fill in subject and officer information. 10. Press red button to eject mouthpiece. 11. Attach printout to this report. CERTIFICATION BY OPERATOR BAC As set forth in the rules promulgated by the Department of Health and Senior Services related to the determination of blood alcohol by breath analysis, I certify that: 1. There was no deviation from the procedure approved by the department. 2. To the best of my knowledge the instrument was functioning properly. 3. I am authorized to operate the instrument. NAME OF OPERATOR PERMIT NO. EXPIRATION DATE NAME OF OBSERVER OBSERVER PERMIT NO. EXPIRATION DATE WITNESS (IF ANY) DATE

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

services provided on a nondiscriminatory basis

LAB. 108

MO 580-1213 (5-19)

Airgas USA LLC (LAB)

3500 Bernard Street St Louis, Mo. 63103 Ph: (814) 533-3100 Fax: (314) 538-7328

Certificate of Analysis

Customer Name Exclusive Supplier Intoximeters, Inc. 2081 Craig Road St. Louis, Mo 63146

Lot # AG109701 Model 108cacd

Exp. Date 7-Apr-2023

Cyl. Type 108

Component Ethanol Nitrogen

<u>Certified Concentration</u> 0.082 ± 0.002 BrAC (223 ppm)

Balance

Certification Traceable to N.L.S.T. RGM and to CRM Ethanol Standards:

RGM Serial No. Concentration EB0010581 · 392.1 ppm EB0010570 259.8 ppm EB0010285 208.0 ppm EB0010561 103.6 ppm EB0010681 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 ingq 0.008 253,0 ppm

GRM Serial No. CC727493 CC727498

Concentration 390,0 ppm 150.0 ppm

Analytical Method:

NDIR

Digitally signed by Quality Control Date: 2021.04.07 47:42:01 -05:00 Reason: Dry gas standard certification of analysis Location: Airgas USA LLC (Lab)

Approved for Release:

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

MIKE JOHNSON

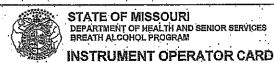
is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

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 306.111	9 RSMo.
DATE5/25/2022	Mile Mason DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 220150	
EXPIRES 5/25/2024	DOULS J. Neckels

MO 580-0771 (6-10)



The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired all in Missouri.

Operator JOHNSON, MIKE

Permit No 220150

Date Issued 5/25/2022 Date Expires 5/25/2024

