



**ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT**

**RECEIVED**  
By Tracy Crews at 11:28 am, Jul 01, 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 043580	NAME OF AGENCY Saint Charles County Police Department	DATE OF INSPECTION 06/27/2022
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LOCATION OF INSTRUMENT (STREET AND CITY) 101 Sheriff Dierker Court, O'Fallon, Missouri 63366	TIME OF INSPECTION 10:00 am
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**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 <u>Intoximeters</u>	LOT # <u>AG109701</u> EXP. DATE <u>04/07/2023</u>
<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 ➔ .080	TEST 2 ➔ .080	TEST 3 ➔ .080
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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 G. Johnson 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: 043500  
Version no: 532C

TEST RECORD 00438

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

Air Blank:  
06/27/22 10:00 .000  
Calibration Check:  
21 06/27/22 10:00 .000

Subject Name

Test #1

Subject I.D.

Operator Name, I.D.

Cpl. Johnson 220150

Location

SCCPD

AS IV Serial no: 043500  
Version no: 532C

TEST RECORD 00439

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

Air Blank:  
06/27/22 10:01 .000  
Calibration Check:  
22 06/27/22 10:01 .000

Subject Name

Test #2

Subject I.D.

Operator Name, I.D.

Cpl. Johnson 220150

Location

SCCPD

AS IV Serial no: 043500  
Version no: 532C

TEST RECORD 00440

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

Air Blank:  
06/27/22 10:02 .000  
Calibration Check:  
23 06/27/22 10:02 .000

Subject Name

Test #3

Subject I.D.

Operator Name, I.D.

Cpl. Johnson 220150

Location

SCCPD

AS IV Serial no: 043500  
Version no: 532C

TEST RECORD 00441

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

UOIN: 021  
12 06/27/22 10:00

Subject Name

RFT Test

Subject I.D.

Operator Name, I.D.

Cpl. Johnson 220150

Location

SCCPD

AS IV Serial no: 043500  
Version no: 532C

TEST RECORD 00442

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

Air Blank:  
06/27/22 10:04 .000  
UOIN: 001  
24 06/27/22 10:04 .000

Subject Name

Self Test

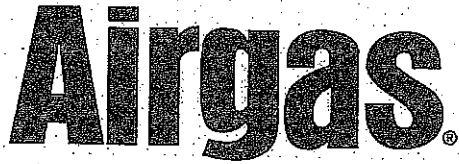
Subject I.D.

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 108cadd**

<b><u>Exp. Date</u></b> 7-Apr-2023	<b><u>Cyl. Type</u></b> 108	<b><u>Component</u></b> Ethanol Nitrogen	<b><u>Certified Concentration</u></b> 0.082 ± 0.002 BrAC (223 ppm) Balance
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Certification Traceable to N.I.S.T. RGM and to CRM Ethanol Standards:

<b><u>RGM Serial No.</u></b> EB0010581 EB0010570 EB0010285 EB0010561 EB0010681	<b><u>Concentration</u></b> 392.1 ppm 259.8 ppm 208.0 ppm 103.6 ppm 52.12 ppm	<b><u>RGM Serial No.</u></b> EB0010603 EB0010559 EB0010595 EB0010562 EB0010579	<b><u>Concentration</u></b> 393.0 ppm 258.2 ppm 208.3 ppm 104.2 ppm 52.81 ppm
<b><u>CRM Serial No.</u></b> CC727481 CC727496	<b><u>Concentration</u></b> 800.0 ppm 253.0 ppm	<b><u>CRM Serial No.</u></b> CC727493 CC727498	<b><u>Concentration</u></b> 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

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 Mason*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Paula J. Nielson*

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

