



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

RECEIVED

By Tracy Crews at 7:04 am, Jan 03, 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 087959	NAME OF AGENCY Saint Charles County Police Department	DATE OF INSPECTION 01/02/2022
LOCATION OF INSTRUMENT (STREET AND CITY) 101 Sheriff Dierker Court, O'Fallon, Missouri 63366		TIME OF INSPECTION 4:11 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

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 → .078

TEST 2 → .079

TEST 3 → .079

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).

INSPECTING OFFICER

SIGNATURE
 663

PRINT NAME
Mike Johnson

TYPE II PERMIT NUMBER/EXPIRATION DATE
200198 / July 8, 2022

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: 087959
Version no: 532B

TEST RECORD 00320

Temp Date Time ^{s/} 210L

Air Blank:
01/02/22 16:11 .000
Calibration Check:
22 01/02/22 16:11 .078

Subject Name

Test #1

Subject I.D.

Operator Name, I.D.

Cpl. Johnson 200198

Location

SCCPD

AS IV Serial no: 087959
Version no: 532B

TEST RECORD 00321

Temp Date Time ^{s/} 210L

Air Blank:
01/02/22 16:12 .000
Calibration Check:
23 01/02/22 16:12 .079

Subject Name

Test #2

Subject I.D.

Operator Name, I.D.

Cpl. Johnson 200198

Location

SCCPD

AS IV Serial no: 087959
Version no: 532B

TEST RECORD 00322

Temp Date Time ^{s/} 210L

Air Blank:
01/02/22 16:14 .000
Calibration Check:
24 01/02/22 16:14 .079

Subject Name

Test #3

Subject I.D.

Operator Name, I.D.

Cpl. Johnson 200198

Location

SCCPD

AS IV Serial no: 087959
Version no: 532B

TEST RECORD 00323

Temp Date Time ^{s/} 210L

VOID: RFI
12 01/02/22 16:15

Subject Name

RFI

Subject I.D.

Operator Name, I.D.

Cpl. Johnson 200198

Location

SCCPD

AS IV Serial no: 087959
Version no: 532B

TEST RECORD 00324

Temp Date Time ^{s/} 210L

Air Blank:
01/02/22 16:16 .000
Subject Test: Auto
25 01/02/22 16:16 .000

Subject Name

S.M. Test

Subject I.D.

Operator Name, I.D.

Cpl. Johnson 200198

Location

SCCPD



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 7/8/2020

NUMBER 200198

EXPIRES 7/8/2022

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 680-0771 (6-10)

LAB-4 (P6-10)

 **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 **200198**
 Date issued **7/8/2020** Date Expires **7/8/2022**

