



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

RECEIVED

By Tracy Crews at 3:36 pm, Apr 15, 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 04/14/2022 |
|-----------------------------|--|----------------------------------|

| | |
|---|-------------------------------|
| LOCATION OF INSTRUMENT (STREET AND CITY) 101 Sheriff Dierker Court, O'Fallon, Missouri 63366 | TIME OF INSPECTION 6:45 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 ● .077

TEST 2 ● .076

TEST 3 ● .076

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 Cpl. Johnson 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 00348

Temp Date Time ^{g/} 210L

Air Blank:
04/14/22 18:45 .000
Calibration Check:
25 04/14/22 18:45 .077

Subject Name

Test #1

Subject I.D.

Operator Name, I.D.

Cpl. Johnson 200198

Location

SCUD

AS IV Serial no: 087959
Version no: 532B

TEST RECORD 00349

Temp Date Time ^{g/} 210L

Air Blank:
04/14/22 18:47 .000
Calibration Check:
25 04/14/22 18:47 .076

Subject Name

Test #2

Subject I.D.

Operator Name, I.D.

Cpl. Johnson 200198

Location

SCUD

AS IV Serial no: 087959
Version no: 532B

TEST RECORD 00350

Temp Date Time ^{g/} 210L

Air Blank:
04/14/22 18:49 .000
Calibration Check:
26 04/14/22 18:49 .076

Subject Name

Test #3

Subject I.D.

Operator Name, I.D.

Cpl. Johnson 200198

Location

SCUD

AS IV Serial no: 087959
Version no: 532B

TEST RECORD 00351

Temp Date Time ^{g/} 210L

VOID: RFI
12 04/14/22 18:50

Subject Name

RFI Test

Subject I.D.

Operator Name, I.D.

Cpl. Johnson 200198

Location

SCUD

AS IV Serial no: 087959
Version no: 532B

TEST RECORD 00352

Temp Date Time ^{g/} 210L

Air Blank:
04/14/22 18:51 .000
Subject Test: Auto
27 04/14/22 18:51 .000

Subject Name

Self-Test

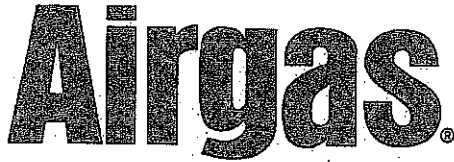
Subject I.D.

Operator Name, I.D.

Cpl. Johnson 200198

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 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

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 (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 **200198**
Date Issued **7/8/2020** Date Expires **7/8/2022**

