



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

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 11/16/2022
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LOCATION OF INSTRUMENT (STREET AND CITY) 101 Sheriff Dierker Court, O'Fallon, Missouri 63366	TIME OF INSPECTION 4:18 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 ← .084	TEST 2 ← .083	TEST 3 ← .08\3
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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).

**INSPECTING OFFICER**

SIGNATURE <i>Cpl. Johnson 663</i>	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: 087959  
Version no: 532B

TEST RECORD 00416

Temp Date Time 210L<sup>9/</sup>

Air Blank:  
11/16/22 04:18 .000  
Calibration Check:  
23 11/16/22 04:18 .084

Subject Name  
*Test #1*  
Subject I.D.

Operator Name, I.D.

*Cpl. Johnson 220150*  
Location

*SCCPD*

AS IV Serial no: 087959  
Version no: 532B

TEST RECORD 00417

Temp Date Time 210L<sup>9/</sup>

Air Blank:  
11/16/22 04:21 .000  
Calibration Check:  
24 11/16/22 04:21 .083

Subject Name  
*Test #2*  
Subject I.D.

Operator Name, I.D.

*Cpl. Johnson 220150*  
Location

*SCCPD*

AS IV Serial no: 087959  
Version no: 532B

TEST RECORD 00418

Temp Date Time 210L<sup>9/</sup>

Air Blank:  
11/16/22 04:23 .000  
Calibration Check:  
24 11/16/22 04:23 .083

Subject Name  
*Test #3*  
Subject I.D.

Operator Name, I.D.

*Cpl. Johnson 220150*  
Location

*SCCPD*

AS IV Serial no: 087959  
Version no: 532B

TEST RECORD 00419

Temp Date Time 210L<sup>9/</sup>

VOID: RFI  
12 11/16/22 04:24

Subject Name  
*RFI Test*  
Subject I.D.

Operator Name, I.D.

*Cpl. Johnson 220150*  
Location

*SCCPD*

AS IV Serial no: 087959  
Version no: 532B

TEST RECORD 00420

Temp Date Time 210L<sup>9/</sup>

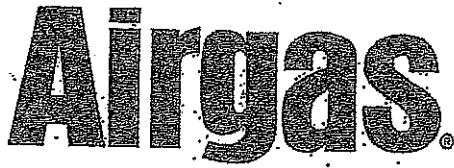
Air Blank:  
11/16/22 04:25 .000  
Subject Test: Auto  
125 11/16/22 04:25 .000

Subject Name  
*Silver 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**

<b>Exp. Date</b> 7-Apr-2023	<b>Cyl. Type</b> 108	<b>Component</b> Ethanol Nitrogen	<b>Certified Concentration</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:

<u>RGM Serial No.</u>	<u>Concentration</u>
EB0010581	392.1 ppm
EB0010570	259.8 ppm
EB0010285	208.0 ppm
EB0010561	103.6 ppm
EB0010681	52.12 ppm

<u>RGM Serial No.</u>	<u>Concentration</u>
EB0010603	393.0 ppm
EB0010559	258.2 ppm
EB0010595	208.3 ppm
EB0010562	104.2 ppm
EB0010579	52.81 ppm

<u>CRM Serial No.</u>	<u>Concentration</u>
CC727481	800.0 ppm
CC727496	253.0 ppm

<u>CRM Serial No.</u>	<u>Concentration</u>
CC727493	390.0 ppm
CC727498	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:

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 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 Mason*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Daniel F. Nelson*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (RS-10)

MO 680-0771 (6-10)

 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

