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By Brianna Medrano at 1:24 pm, Jan 24, 2022



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 100288	NAME OF AGENCY St. Louis County Police Department	DATE OF INSPECTION 01/21/2022
LOCATION OF INSTRUMENT (STREET AND CITY) 16860 Main St (6th PCT)		TIME OF INSPECTION 9:08 am

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 # AG015503 EXP. DATE 06/03/2022
- 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 <input type="checkbox"/> .100	TEST 2 <input type="checkbox"/> .099	TEST 3 <input type="checkbox"/> .099
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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>[Signature]</i>	PRINT NAME PO NEUMAN, DSN 3072
TYPE II PERMIT NUMBER/EXPIRATION DATE 210074 04/06/2023	TELEPHONE NUMBER (636) 529-8210

Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office by mail, fax, or email.



STATE OF MISSOURI
 DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BREATH ALCOHOL PROGRAM

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**PERMIT
 TYPE II**

DAWN M. NEUMAN

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, INTOX DMT

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 4/6/2021

NUMBER 210074

EXPIRES 4/6/2023

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

AS IV Serial no: 100288
Version no: 532B

TEST RECORD 00667

Temp Date Time 210L

Air Blanks
01/21/22 09:24 .000
Calibration Check:
24 01/21/22 09:24 .100

Subject Name

Test #1
Subject I.D.

NA
Operator Name, I.D. #3072
PO D. Newman
Location
6th FCT
16860 Main St

AS IV Serial no: 100288
Version no: 532B

TEST RECORD 00668

Temp Date Time 210L

Air Blanks
01/21/22 09:26 .000
Calibration Check:
24 01/21/22 09:26 .099

Subject Name

Test #2
Subject I.D.

NA
Operator Name, I.D. #3072
PO D. Newman
Location
6th FCT
16860 Main St

AS IV Serial no: 100288
Version no: 532B

TEST RECORD 00669

Temp Date Time 210L

Air Blanks
01/21/22 09:30 .000
Calibration Check:
24 01/21/22 09:30 .099

Subject Name

Test #3
Subject I.D.

NA
Operator Name, I.D. #3072
PO D. Newman
Location
6th FCT
16860 Main St

AS IV Serial no: 100288
Version no: 532B

TEST RECORD 00670

Temp Date Time 210L

VOID: RFI
12 01/21/22 09:32

Subject Name

RFI!
Subject I.D.

NA
Operator Name, I.D. #3072
PO D. Newman
Location
6th FCT
16860 Main St