



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

**RECEIVED**  
 By Tracy Crews at 7:53 am, Jun 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 107989	NAME OF AGENCY FLORISSANT POLICE DEPARTMENT	DATE OF INSPECTION 06/01/2022
LOCATION OF INSTRUMENT (STREET AND CITY) 1700 US HWY 67		TIME OF INSPECTION 8:41 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 # AG106001 EXP. DATE 03/01/2023
- 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 ➡ .097	TEST 2 ➡ .098	TEST 3 ➡ .097
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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-.04)	0	(.05-.09)	(.10-.14)	(.15-.19)	(OVER .19)
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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).

Instrument functioning withing DHSS guidelines

**INSPECTING OFFICER**

SIGNATURE 	PRINT NAME Kyle Feldmann
TYPE II PERMIT NUMBER/EXPIRATION DATE 200262 10/02/2022	TELEPHONE NUMBER (314) 831-7000

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

AS 10 Serial no: 107989  
Version no: 532B

TEST RECORD: 01219

Temp Date Time 210L

Air Blank:  
06/01/22 09:41 .000  
Calibration Check:  
26 06/01/22 09:41 .097

Subject Name

TEST 1

Subject I.D.

Operator Name: I.D.

FELDMANN 200242

Location

FPD

Version no: 532B

TEST RECORD: 01220

Temp Date Time 210L

Air Blank:  
06/01/22 09:43 .000  
Calibration Check:  
27 06/01/22 09:43 .098

Subject Name

TEST 2

Subject I.D.

Operator Name: I.D.

FELDMANN 200242

Location

FPD

AS 10 Serial no: 107989  
Version no: 532B

TEST RECORD: 01221

Temp Date Time 210L

Air Blank:  
06/01/22 09:45 .000  
Calibration Check:  
27 06/01/22 09:45 .097

Subject Name

TEST 3

Subject I.D.

Operator Name: I.D.

FELDMANN 200242

Location

FPD

AS 10 Serial no: 107989  
Version no: 532B

TEST RECORD: 01222

Temp Date Time 210L

VOID: RFI  
12 06/01/22 09:47

Subject Name

RFI

Subject I.D.

Operator Name: I.D.

FELDMANN 200242

Location

FPD

AS 10 Serial no: 107989  
Version no: 532B

TEST RECORD: 01223

Temp Date Time 210L

Air Blank:  
06/01/22 09:48 .000  
Subject Test: auto  
29 06/01/22 09:48 .000

Subject Name

Blank

Subject I.D.

Operator Name: I.D.

FELDMANN 200242

Location

FPD



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:** 2-Mar-2021

**Lot # AG106001 Model 108cacc**

**Exp. Date**

1-Mar-2023

**Cyl. Type**

108

**Component**

Ethanol

Nitrogen

**Certified Concentration**

0.100 ± 2% BrAC (272 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

Approved for Release: \_\_\_\_\_

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

KYLE J FELDMANN

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 EC/IR II**

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 10/2/2020

NUMBER 200262

EXPIRES 10/2/2022

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES



**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** FELDMANN, KYLE  
**Permit No** 200262  
**Date Issued** 10/2/2020 **Date Expires** 10/2/2022

