



**ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT**

**RECEIVED**

By Tracy Crews at 3:37 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<br>111673 | NAME OF AGENCY<br>St. Louis County Police Department | DATE OF INSPECTION<br>04/15/2022 |
|-----------------------------|--|----------------------------------|

|  |                                |
|--|--------------------------------|
| LOCATION OF INSTRUMENT (STREET AND CITY)<br>14301 SOUTH OUTER FOURTY MODOT TMC | TIME OF INSPECTION<br>11:34 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**

|   |  |
|---|--|
| <input type="checkbox"/> SIMULATOR SOLUTION   | <input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE |
| <input checked="" type="checkbox"/> STANDARD SUPPLIER <u>Intoximeters</u> LOT # <u>AG015503</u> EXP. DATE <u>06/03/2022</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  .101 | TEST 2  .099 | TEST 3  .099 |
|--------------|--------------|--------------|

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) | 1 | (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<br>  | PRINT NAME<br>PO NEUMAN, DSN 3072  |
| TYPE II PERMIT NUMBER/EXPIRATION DATE<br>210074 04/06/2023 | TELEPHONE NUMBER<br>(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.

AS IV Serial no: 111673  
Version no: 532B

TEST RECORD 00363

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

Air Blank:  
04/15/22 11:34 .000  
Calibration Check:  
21 04/15/22 11:34 .101

Subject Name

Test #1

Subject I.D.

NA

Operator Name, I.D. #3072

Sgt D. Newman

Location

MODOT TMC

AS IV Serial no: 111673  
Version no: 532B

TEST RECORD 00364

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

Air Blank:  
04/15/22 11:36 .000  
Calibration Check:  
22 04/15/22 11:36 .099

Subject Name

Test #2

Subject I.D.

NA

Operator Name, I.D. #3072

Sgt D. Newman

Location

MODOT TMC

AS IV Serial no: 111673  
Version no: 532B

TEST RECORD 00365

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

Air Blank:  
04/15/22 11:38 .000  
Calibration Check:  
23 04/15/22 11:38 .099

Subject Name

Test #3

Subject I.D.

NA

Operator Name, I.D. #3072

Sgt D. Newman

Location

MODOT TMC

AS IV Serial no: 111673  
Version no: 532B

TEST RECORD 00366

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

VOID! KPI  
12 04/15/22 11:39

Subject Name

REF!

Subject I.D.

NA

Operator Name, I.D. #3072

Sgt D. Newman

Location

MODOT TMC



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:** 8-Jun-2020

**Lot #** AG015503 **Model** 108cacc

**Exp. Date**

3-Jun-2022

**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.**

CC434668

CC234503

**Concentration**

800.0 ppm

253.0 ppm

**CRM Serial No.**

0056649

0056662

**Concentration**

390.1 ppm

150.2 ppm

**Analytical Method:**

NDIR

Digitally signed by Quality Control  
Date: 2020.06.10 14:11:39 -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

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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