



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 111733	NAME OF AGENCY St. Louis County Police Department	DATE OF INSPECTION 12/06/2022
LOCATION OF INSTRUMENT (STREET AND CITY) 14301 South Outer 40 Rd, Chesterfield		TIME OF INSPECTION 8:20 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>AG204801</u> EXP. DATE <u>02/17/2024</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 .100	TEST 2 .100	TEST 3 .100
--------------	--------------	--------------

- 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)	1	(.05-.09)	1	(.10-.14)	1	(.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).

Updated time

INSPECTING OFFICER	
SIGNATURE 	PRINT NAME PO Tosie DSN 4553
TYPE II PERMIT NUMBER/EXPIRATION DATE 220173 / 06/24/2024	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.

TEST RECORD 00461

Temp Date Time 210L

Air Blank: 12/06/22 08:21 .000
Calibration Check: 22 12/06/22 08:21 .100

Subject Name

Test #1

Subject I.D.

N/A

Operator Name, I.D.

P.O. Tosre 4553

Location

MODOT TMC

AS IV Serial no: 111733
Version no: 532B

TEST RECORD 00462

Temp Date Time 210L

Air Blank: 12/06/22 08:24 .000
Subject Test: Man 23 12/06/22 08:24 .100

Subject Name

Test #2

Subject I.D.

N/A

Operator Name, I.D.

P.O. Tosre 4553

Location

MODOT TMC

AS IV Serial no: 111733
Version no: 532B

TEST RECORD 00463

Temp Date Time 210L

Air Blank: 12/06/22 08:27 .000
Calibration Check: 23 12/06/22 08:27 .100

Subject Name

Test #3

Subject I.D.

N/A

Operator Name, I.D.

P.O. Tosre 4553

Location

MODOT TMC

AS IV Serial no: 111733
Version no: 532B

TEST RECORD 00464

Temp Date Time 210L

VOID: RFI
12 12/06/22 08:28

Subject Name

RFI

Subject I.D.

N/A

Operator Name, I.D.

P.O. Tosre 4553

Location

MODOT TMC



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



PERMIT
TYPE II
ROBERT TOSIE

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 6/24/2022

NUMBER 220173

EXPIRES 6/24/2024

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES