



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

**RECEIVED**  
 By Tracy Crews at 12:59 pm, Jul 08, 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 113777	NAME OF AGENCY St. Louis County Police Department	DATE OF INSPECTION 07/07/2022
LOCATION OF INSTRUMENT (STREET AND CITY) 14301 South Outer 40 Rd, Chesterfield		TIME OF INSPECTION 10:02 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 # AG204801 EXP. DATE 02/17/2024

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 .102

TEST 2 .101

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)	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).

FIXED TIME

**INSPECTING OFFICER**

SIGNATURE

PRINT NAME  
PO NEUMAN, DSN 3072

TYPE II PERMIT NUMBER/EXPIRATION DATE  
21007A 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.

AS IV Serial no: 113777  
Version no: 532C

TEST RECORD 00273

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

Air Blank:  
07/07/22 10:02 .000  
Calibration Check:  
20 07/07/22 10:02 .102

Subject Name

*Test #1*

Subject I.D.

*NA*

Operator Name, I.D.

*Sgt D. Newman #3073*

Location

*MODOT TMC*

AS IV Serial no: 113777  
Version no: 532C

TEST RECORD 00274

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

Air Blank:  
07/07/22 10:06 .000  
Calibration Check:  
21 07/07/22 10:06 .101

Subject Name

*Test #2*

Subject I.D.

*NA*

Operator Name, I.D.

*Sgt D. Newman #3073*

Location

*MODOT TMC*

AS IV Serial no: 113777  
Version no: 532C

TEST RECORD 00275

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

Air Blank:  
07/07/22 10:09 .000  
Calibration Check:  
22 07/07/22 10:09 .100

Subject Name

*Test #3*

Subject I.D.

*NA*

Operator Name, I.D.

*Sgt D. Newman #3073*

Location

*MODOT FMC*

AS IV Serial no: 113777  
Version no: 532C

TEST RECORD 00276

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

VOID: RFI  
12 07/07/22 10:12

Subject Name

*RFI!*

Subject I.D.

*NA*

Operator Name, I.D.

*Sgt D. Newman #3073*

Location

*MODOT FMC*





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