



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

**RECEIVED**  
 By Tracy Crews at 8:17 am, Dec 07, 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 113778	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 1:06 pm

**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 ➡ .101	TEST 2 ➡ .101	TEST 3 ➡ .100
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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).

Updated time

**INSPECTING OFFICER**

SIGNATURE ▶ <i>[Signature]</i> 4553	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.

AS IV Serial no: 113778  
Version no: 532C

TEST RECORD 00341

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

Air Blank:  
12/06/22 13:06 .000  
Calibration Check:  
21 12/06/22 13:06 .101

Subject Name

Test #1  
Subject I.D.

NIA  
Operator Name, I.D.

P.O. TOSIE 4553  
Location

MODOT TMC

AS IV Serial no: 113778  
Version no: 532C

TEST RECORD 00342

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

Air Blank:  
12/06/22 13:10 .000  
Calibration Check:  
21 12/06/22 13:10 .101

Subject Name

Test #2  
Subject I.D.

NIA  
Operator Name, I.D.

P.O. TOSIE 4553  
Location

MODOT TMC

AS IV Serial no: 113778  
Version no: 532C

TEST RECORD 00343

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

Air Blank:  
12/06/22 13:12 .000  
Calibration Check:  
21 12/06/22 13:12 .100

Subject Name

Test #3  
Subject I.D.

NIA  
Operator Name, I.D.

P.O. TOSIE 4553  
Location

MODOT TMC

AS IV Serial no: 113778  
Version no: 532C

TEST RECORD 00344

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

VOID: RFI  
12 12/06/22 13:14

Subject Name

RFI  
Subject I.D.

NIA  
Operator Name, I.D.

P.O. TOSIE 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

*Mike Massena*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Paula J. Nielsen*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES