



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 087959 | PRINTER SN 210639922 | DATE OF INSPECTION 10/29/2024 |
|-----------------------------|-------------------------|----------------------------------|

| | |
|---|-------------------------------|
| LOCATION OF INSTRUMENT (STREET AND CITY) SCCPD / 101 Sheriff Dierker Court, O'Fallon, Missouri 63366 | TIME OF INSPECTION 1:08 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 # AG407801 EXP. DATE 03/18/2026

SIMULATOR TEMPERATURE (34°C ± 0.2°C) SIMULATOR SN SIMULATOR 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 ➡ .101

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 | 2 | (0-.04) | (.05-.09) | (.10-.14) | (.15-.19) | (OVER .19) |
|----------|---|---------|-----------|-----------|-----------|------------|

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 | PRINT NAME M. Kavanaugh |
|---------------|----------------------------|

| | |
|---|------------------------------------|
| TYPE II PERMIT NUMBER/EXPIRATION DATE 230017 exp: 01/31/2025 | TELEPHONE NUMBER (636) 949-3000 |
|---|------------------------------------|

Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office
2875 James Boulevard
Poplar Bluff, MO 63901

AS IV Serial no: 087959
Version no: 532B

TEST RECORD 00556

Temp Date Time 210L
Air Blank: 10/29/24 13:08 .000
Calibration Check: 27 10/29/24 13:08 .101

Subject Name

Maint. Check Test 1

Subject I.D.

Maint. Check

Operator Name, I.D.

PO Kavanagh

Location

St. Charles County

PD

AS IV Serial no: 087959
Version no: 532B

TEST RECORD 00557

Temp Date Time 210L
Air Blank: 10/29/24 13:10 .000
Calibration Check: 28 10/29/24 13:10 .101

Subject Name

Test 2

Subject I.D.

Maint. Check

Operator Name, I.D.

PO Kavanagh

Location

St. Charles County

PD

AS IV Serial no: 087959
Version no: 532B

TEST RECORD 00558

Temp Date Time 210L
Air Blank: 10/29/24 13:12 .000
Calibration Check: 28 10/29/24 13:12 .101

Subject Name

Test 3

Subject I.D.

Maint. Check

Operator Name, I.D.

PO Kavanagh

Location

St. Charles County

PD

AS IV Serial no: 087959
Version no: 532B

TEST RECORD 00559

Temp Date Time 210L
Air Blank: 10/29/24 13:14
Calibration Check: 28 10/29/24 13:14

Subject Name

Test 4

Subject I.D.

Maint. Check

Operator Name, I.D.

PO Kavanagh

Location

St. Charles County

PD



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: 19-Mar-2024

Lot # AG407801 **Model** 108

| | | | |
|--------------------------------|-------------------------|---|---|
| Exp Date 18-Mar-2026 | Cyl. Type 108 | Component Ethanol Nitrogen | Certified Concentration 0.100 ± 2% BrAC (272 ppm) |
|--------------------------------|-------------------------|---|---|

Certification Traceable to N.I.S.T. RGM and to CRM Ethanol Standards:

| RGM Serial No. | Concentration | RGM Serial No. | Concentration |
|----------------|---------------|----------------|---------------|
| EB0010581 | 391.8 ppm | EB0010603 | 392.5 ppm |
| EB0010570 | 259.8 ppm | EB0010559 | 258.9 ppm |
| EB0010285 | 209.0 ppm | EB0010562 | 104.2 ppm |
| EB0010561 | 103.7 ppm | EB0010579 | 52.94 ppm |
| EB0010681 | 52.22 ppm | | |

| CRM Serial No. | Concentration | CRM Serial No. | Concentration |
|----------------|---------------|----------------|---------------|
| CC727481 | 799.4 ppm | CC727493 | 389.8 ppm |
| CC727496 | 253.4 ppm | CC727498 | 150.2 ppm |

Analytical Method: NDIR

Digitally signed by:Quality Control
 Reason:Dry gas standard certification of analysis
 Location:Airgas USA LLC (Lab)
 Date:03.22.2024 07:50

Approved for Release: _____

Yusef Woods

ISO 17025:2017 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

2

PERMIT
TYPE II
MICHAEL KAVANAUGH

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

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 1/31/2023

NUMBER 230017

EXPIRES 1/31/2025

MO 580-0771 (8-18)

Mike Mason

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Paula J. Nielsen

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R8-10)

 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 KAVANAUGH, MICHAEL
Permit No 230017
Date issued 1/31/2023 Date Expires 1/31/2025

