# **RECEIVED**



STATE PUBLIC HEALTH LABORATORY

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICE By Tracy Crews at 11:57 am, Aug 06, 2024

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

THE PARTY OF THE P						
Complete this report in duplicate at the time of Send copy to Department of Health and Senior				whenev	er Instrument is repaired	
ALCO SENSOR IV SN 087971	NAME OF AGENCY CARROLLTON F	OLICE DEPARTM		ATE OF 1	NSPECTION 024	
LOCATION OF INSTRUMENT (STREET AND CITY) 1320 US 65 N., CARROLLTON, MO, 64633			Т	ME OF 11 7:47	NSPECTION P.M.	
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 STANDARD	OS					
☐ SIMULATOR SOLUTION	SIMULATOR SOLUTION COMPRESSED ETHANOL-GAS MIXTURE					
STANDARD SUPPLIER INTOXIMETER	S INC L	OT # <u>AG304002</u>	EXP. DATE C	2/09/2	025	
☐ SIMULATOR TEMPERATURE (34°C ± 0.2	2°C) SII	И. SN	SIM. NI	ST EXF	P DATE	
less. Check the box corresponding to the s  ✓ 0.100% STANDARD - MUST READ E  ─ 0.080% STANDARD - MUST READ E  ─ 0.040% STANDARD - MUST READ E	BETWEEN 0.095% and BETWEEN 0.076% and	d 0.105% INCLUSIVI d 0.084% INCLUSIVI	E E			
TEST 1 <b>☞</b> .098	EST 2098		TEST 3 ☞ .097			
☑ 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 (004) 1	(.0509) 0	(.1014) 0	(.1519)	0	(OVER .19) 0	
List any new parts and describe any alteration		vas made to restore	the instrument to	operat	e satisfactorily and withi	
established limits (use other side if necessary). Maintenance conducted in accordance with DHSS standards.						
Maintenance conducted in accordance with DRSS standards.						
INSPECTING OFFICER						
SIGNATURE			PRINT NAME WILLIAM BAGER			
TYPE II PERMIT NUMBERVEXPIRATION DATE 230029/2-17-2025			TELEPHONE NUMBER (660) 542-3128			
Return completed report to the: Breath Alc	ohol Program, MO De	partment of Health a	nd Senior Service	es, Sout	heast District Office	

# CARROLLTON POLICE DEPARTMENT-BREATH ALCOHOL PROGRAM

TEST# 1	13 10 Server 100 100 100 100 100 100 100 100 100 10	
<u>TEST #2</u>	THE TARGET NOT 207571  CHARCOLTON DEED ACCUMANTAL SECTION  THE STANDARD COME SECTION  THE STANDARD SECTION  THE SECTION S	
TEST #3	TEST REDEX 22557.  TEST REDEX 22554  TEST REDEX 22554  TEST REDEX 22554  TEST REDEX 2555  T	
RFI TEST	REL TEST  RESULTION OF THE STATE  REL TEST  RE	

Carroliton Police Department AS-IV Monthly Maintenance Report

AS-IV S/N: 087971 Type II Permit Holder: William Barger #230029-Exp: 02/17/2025 Date of Maintenance Report: 8/4/2024

Page 1 of 1



Adgres ISALIC (IAS) SSIO Bernard Street SE Louis, Mr. 88108 Ph. (SA) 555-3100 Par (SA) 555-7378

Certificate of Analysis

Test Date: 9-reb-2023

Customer Name Euclinive Striplier Interlinaters, inc. 1681 Craig Rossi St. Louis, vio 53148

Lot#AG304002 Model 108

Exp. Date Cyf. Type Component Catified Concentration Example 0.100=2% Exo. (272 ppm) S-Feb-2005 (06 Nitrogen

Certification Tracezise to NASA Rememb to CRM Extract Standards.

Concentration
ECOM Serial No. Concentration
CC727488 Concentration
CC727488 Serial No. Concentration

. Analytical Method: NDIR

Approved for Releases

Rod Websela

150-170252817 AZLA acctedited, Certificate Number 3082.06 150-1703420176 AZLA acctedited. Certificate Number 3082.07



MO 580-0771 (6-10)

# STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES **BREATH ALCOHOL PROGRAM** 



# **PERMIT** TYPE II

# WILLIAM BARGER

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.	Mile Massur
DATE	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 230029	Davea I. Nichelson
EXPIRES 2/17/2025	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES
NO 500 ATT (0.10)	LAB-4 (R8-10)



### STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES BREATH ALGOHOL PROGRAM

### INSTRUMENT OPERATOR CARD

The named cardholder is authorized to operate an evidantial breath elcohol instrument for the determination of the alcoholic content in breath form of expired air in Missoud.

BARGER, WILLIAM Operator

Permit No 230029

Date issued 2/17/2023 Date Expires 2/17/2025

