



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 087971	NAME OF AGENCY CARROLLTON POLICE DEPARTMENT	DATE OF INSPECTION 09/02/2024
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LOCATION OF INSTRUMENT (STREET AND CITY) 1320 US 65 N., CARROLLTON, MO, 64633	TIME OF INSPECTION 7:41 P.M.
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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 INC LOT # AG304002 EXP. DATE 02/09/2025

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)	1	(.15-.19)	1	(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).

Maintenance conducted in accordance with DHSS standards.

INSPECTING OFFICER

SIGNATURE 	PRINT NAME WILLIAM BAGER
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TYPE II PERMIT NUMBER/EXPIRATION DATE 230029/2-17-2025	TELEPHONE NUMBER (660) 542-3128
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Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office by mail, fax, or email.

CARROLLTON POLICE DEPARTMENT-BREATH ALCOHOL PROGRAM

02 10 BREATH #01 202374
 CARROLLTON MO 68028
 TEST RECORD 22374
 #/
 TEST DATE TIME 2122
 03/22/24 15:45 1222
 03/22/24 15:45 1222
 03/22/24 15:45 1222

SUBJECT NAME
TEST #1
 ADDRESS LINE

02 10 BREATH #01 202375
 CARROLLTON MO 68028
 TEST RECORD 22375
 #/
 TEST DATE TIME 2122
 03/22/24 15:45 1222
 03/22/24 15:45 1222
 03/22/24 15:45 1222

SUBJECT NAME
TEST #2
 ADDRESS LINE

02 10 BREATH #01 202376
 CARROLLTON MO 68028
 TEST RECORD 22376
 #/
 TEST DATE TIME 2122
 03/22/24 15:45 1222
 03/22/24 15:45 1222
 03/22/24 15:45 1222

SUBJECT NAME
TEST #3
 ADDRESS LINE

02 10 BREATH #01 202377
 CARROLLTON MO 68028
 TEST RECORD 22377
 #/
 TEST DATE TIME 2122
 03/22/24 15:12 1222
 03/22/24 15:12 1222

SUBJECT NAME
RFI TEST
 ADDRESS LINE

OPERATOR NAME: W. BARGER #230029
 ADDRESS: 1320 N US 65

OPERATOR NAME: CARROLLTON, MO
 ADDRESS: 64633

OPERATOR NAME: W. BARGER #230029
 ADDRESS: 1320 N US 65

OPERATOR NAME: CARROLLTON, MO
 ADDRESS: 64633

OPERATOR NAME: W. BARGER #230029
 ADDRESS: 1320 N US 65

OPERATOR NAME: CARROLLTON, MO
 ADDRESS: 64633

OPERATOR NAME: W. BARGER #230029
 ADDRESS: 1320 N. US 65

OPERATOR NAME: CARROLLTON, MO
 ADDRESS: 64633

TEST#1

TEST#2

TEST#3

RFI TEST

AS-IV S/N: 087971 Type II Permit Holder: William Barger #230029-Exp: 02/17/2025 Date of Maintenance Report: 9/2/2024

Carrollton Police Department AS-IV Monthly Maintenance Report



Airgas USA LLC (A2L)
 6920 Edward Street
 St. Louis, Mo. 63169
 Via (314) 832-4100
 Fax (314) 832-7328

Certificate of Analysis

Test Date: 9-Feb-2025

Customer Name
 Enbridge Supply
 Instrument, Inc.
 2301 Craig Road
 St. Louis, Mo 63146

Lot# AG304002 Model 108

Exp Date: 9-Feb-2025
 Cyl. Type: 108
 Component: Ethanol Nitrogen
 Certified Concentration: 0.100 ± 2% BxAC (272 ppm)

Certification Traceable to NIST, Refer to CRG Ethanol Standards

CRM Serial No.	Concentration	CRM Serial No.	Concentration
EE0010531	331.8 ppm	EE0010533	332.5 ppm
EE0010570	255.8 ppm	EE0010535	252.2 ppm
EE0010528	208.0 ppm	EE0010532	104.2 ppm
EE0010551	103.7 ppm	EE0010578	52.94 ppm
EE0010534	52.22 ppm		
CRM Serial No.	Concentration	CRM Serial No.	Concentration
CCZ1481	40.0 ppm	CCZ1488	40.0 ppm
CCZ1488	252.8 ppm	CCZ1482	150.0 ppm

Analytical Method: NDR

Method of Manufacture: ...

Approved for Release: Rod Marsala
 Rod Marsala

ISO 17025:2017 A2LA accredited, Certificate Number 3082.06
 ISO 17034:2016 A2LA accredited, Certificate Number 3052.07



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.

W. L. Morrison

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DATE 2/17/2023

NUMBER 230029

Dave J. Redden

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

EXPIRES 2/17/2025

MO 680-971 (8-10)

L48-4 (9-10)



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 of breath from of expired air in Missouri.

Operator **BARGER, WILLIAM**

Permit No **230029**

Date Issued **2/17/2023** Date Expires **2/17/2025**

