



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

RECEIVED

By Tracy Crews at 7:16 am, Dec 13, 2024

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 097418 | NAME OF AGENCY Ferguson Police Department | DATE OF INSPECTION 12/12/2024 |
| LOCATION OF INSTRUMENT (STREET AND CITY) 222 S. Florissant, Ferguson, MO 63135 | | TIME OF INSPECTION 9:30 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 # AG321505 EXP. DATE 08/03/2025

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 ➡ .100

TEST 2 ➡ .100

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-.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).

Time was corrected

INSPECTING OFFICER

SIGNATURE

PRINT NAME
 Officer Michael White (STLCO PD)

TYPE II PERMIT NUMBER/EXPIRATION DATE
 230233 10/31/2025

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: 097418
Version no: 532B

TEST RECORD 00234

Temp Date Time 210L

Air Blank:
12/12/24 09:38 .000
Calibration Check:
21 12/12/24 09:38 .100

Subject Name

Test

Subject I.D.

1
Operator Name, I.D.

White 230233
Location

222 S. Florissant

AS IV Serial no: 097418
Version no: 532B

TEST RECORD 00235

Temp Date Time 210L

Air Blank:
12/12/24 09:40 .000
Calibration Check:
22 12/12/24 09:40 .100

Subject Name

Test

Subject I.D.

2
Operator Name, I.D.

White 230233
Location

222 S. Florissant

AS IV Serial no: 097418
Version no: 532B

TEST RECORD 00236

Temp Date Time 210L

Air Blank:
12/12/24 09:42 .000
Calibration Check:
23 12/12/24 09:42 .100

Subject Name

Test

Subject I.D.

3
Operator Name, I.D.

White 230233
Location

222 S. Florissant

AS IV Serial no: 097418
Version no: 532B

TEST RECORD 00237

Temp Date Time 210L

VOID: RFI
12 12/12/24 09:43

Subject Name

TEST

Subject I.D.

RFI
Operator Name, I.D.

White 230233
Location

222 S. Florissant



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: 3-Aug-2023

Lot # AG321505 **Model** 108

| Exp Date | Cyl. Type | Component | Certified Concentration |
|------------|-----------|---------------------|--------------------------|
| 3-Aug-2025 | 108 | Ethanol Nitrogen | 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 | 800.0 ppm | CC727493 | 390.0 ppm |
| CC727496 | 253.0 ppm | CC727498 | 150.0 ppm |

Analytical Method: NDIR

Digitally signed by: Quality Control
 Reason: Dry gas standard certification of analysis
 Location: Airgas USA LLC (Lab)
 Date: 08.03.2023 17:58

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



**PERMIT
 TYPE II**

MICHAEL WHITE

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 10/31/2023

NUMBER 230233

EXPIRES 10/31/2025

Mike Massman

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

David E. Nielsen

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO-580-0771 (6-10)

LAB-4 (R6-10)

 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 WHITE, MICHAEL
 Permit No 230233
 Date Issued 10/31/2023 Date Expires 10/31/2025

