



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

RECEIVED  
 07/18/09  
 Division of Health Services, Missouri

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 107989	NAME OF AGENCY FLORISSANT POLICE DEPARTMENT	DATE OF INSPECTION 05/07/2024
LOCATION OF INSTRUMENT (STREET AND CITY) 1700 US HWY 67		TIME OF INSPECTION 6:15 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 # AG304601 EXP. DATE 02/15/2025
- 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
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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).

Instrument functioning within DHSS guidelines

**INSPECTING OFFICER**

SIGNATURE 	PRINT NAME Michael Arthur
TYPE II PERMIT NUMBER/EXPIRATION DATE 240056 02/28/2026	TELEPHONE NUMBER (314) 831-7000

**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: 187989  
Version no: 532B

TEST RECORD 01482

Temp	Date	Time	s/ 210L
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Air Blank:  
05/07/24 18:15 .000  
Calibration Check:  
23 05/07/24 18:15 .100

Subject Name

Test #1

Subject I.D.

May Maintenance

Operator Name, I.D.

Det. Arthur / 240056

Location

1700 N. Hwy 67

Florissant, MO 63033

AS IV Serial no: 187989  
Version no: 532B

TEST RECORD 01483

Temp	Date	Time	s/ 210L
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Air Blank:  
05/07/24 18:17 .000  
Calibration Check:  
23 05/07/24 18:17 .100

Subject Name

Test #2

Subject I.D.

May Maintenance

Operator Name, I.D.

Det. Arthur / 240056

Location

1700 N. Hwy 67

Florissant, MO 63033

AS IV Serial no: 187989  
Version no: 532B

TEST RECORD 01484

Temp	Date	Time	s/ 210L
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Air Blank:  
05/07/24 18:19 .000  
Calibration Check:  
24 05/07/24 18:19 .100

Subject Name

Test #3

Subject I.D.

May Maintenance

Operator Name, I.D.

Det. Arthur / 240056

Location

1700 N. Hwy 67

Florissant, MO 63033

AS IV Serial no: 187989  
Version no: 532B

TEST RECORD 01485

Temp	Date	Time	s/ 210L
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VOID: RFI  
12 05/07/24 18:23

Subject Name

RFI Test

Subject I.D.

May Maintenance

Operator Name, I.D.

Det. Arthur / 240056

Location

1700 N. Hwy 67

Florissant, MO 63033

AS IV Serial no: 187989  
Version no: 532B

TEST RECORD 01486

Temp	Date	Time	s/ 210L
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Air Blank:  
05/07/24 18:26 .000  
Subject Test: Auto  
24 05/07/24 18:26 .000

Subject Name

Self Test

Subject I.D.

May Maintenance

Operator Name, I.D.

Det. Arthur / 240056

Location

1700 N. Hwy 67

Florissant, MO 63033





STATE OF MISSOURI  
 DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 BREATH ALCOHOL PROGRAM



**PERMIT  
 TYPE II**

**MICHAEL R. ARTHUR**

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 EC/IR II**

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 2/28/2024

NUMBER 240056

EXPIRES 2/28/2026

*Mike Massum*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Paula J. Nielson*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

 **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** ARTHUR, MICHAEL  
**Permit No** 240056  
**Date Issued** 2/28/2024 **Date Expires** 2/28/2026

