



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
STATE PUBLIC HEALTH LABORATORY

**ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT**

RECEIVED  
By: [unclear] Date: 06/04/2024

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 107989	NAME OF AGENCY FLORISSANT POLICE DEPARTMENT	DATE OF INSPECTION 06/04/2024
LOCATION OF INSTRUMENT (STREET AND CITY) 1700 US HWY 67		TIME OF INSPECTION 3:39 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 $\bullet$ .100	TEST 2 $\bullet$ .100	TEST 3 $\bullet$ .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 <i>Det Michael Arthur, PSN 570</i>	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 01487

Temp	Date	Time	s/ 210L
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Air Blank:  
06/04/24 15:39 .000  
Calibration Check:  
22 06/04/24 15:39 .100

Subject Name

Test #1

Subject I.D.

June 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 01488

Temp	Date	Time	s/ 210L
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Air Blank:  
06/04/24 15:42 .000  
Calibration Check:  
23 06/04/24 15:42 .100

Subject Name

Test #2

Subject I.D.

June 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 01489

Temp	Date	Time	s/ 210L
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Air Blank:  
06/04/24 15:44 .000  
Calibration Check:  
23 06/04/24 15:44 .100

Subject Name

Test #3

Subject I.D.

June 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 01490

Temp	Date	Time	s/ 210L
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VOID: RFI  
12 06/04/24 15:45

Subject Name

RFI Test

Subject I.D.

June 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 01491

Temp	Date	Time	s/ 210L
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Air Blank:  
06/04/24 15:47 .000  
Subject Test: Auto  
23 06/04/24 15:47 .000

Subject Name

Self Test

Subject I.D.

June Maintenance

Operator Name, I.D.

Det. Arthur / 240056

Location

1700 N. Hwy 67

Florissant, MO 63033



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:** 15-Feb-2023

**Lot #** AG304601 **Model** 108

<b>Exp Date</b>	<b>Cyl. Type</b>	<b>Component</b>	<b>Certified Concentration</b>
15-Feb-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:02.16.2023 13:50

Approved for Release: \_\_\_\_\_

Rod Marsala

**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

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**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 Massman*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Paula J. Nicholson*

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

