

# 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 Send copy to Department of Health and Sen	of the regular monthly ior Services; retain origi	preventative mainten	ance check, and	whenever	r instrument is	repaired.		
ALCO SENSOR IV SN 107989	NAME OF AGENCY FLORISSANT P	OLICE DEPARTMI		DATE OF INS				
LOCATION OF INSTRUMENT (STREET AND CITY) 1700 US HWY 67			1	TIME OF INS 2:26 pm				
CHECKLIST: Place a mark in the box by each	item if found to be satis	factory or if operating	within establishe	d limits. (V	Write in observe	ed 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 STANDAR	RDS							
☐ SIMULATOR SOLUTION	☑ COMPRESSED ETHANOL-GAS MIXTURE							
STANDARD SUPPLIER INTOXIMETE	RS L	OT # AG304601	EXP. DATE	02/15/202	25			
☐ SIMULATOR TEMPERATURE (34°C ± 0	.2°C) SII	M. SN	SIM. NI	ST EXP D	DATE			
Run three tests using a standard solution less. Check the box corresponding to the 0.100% STANDARD - MUST READ 0.080% STANDARD - MUST READ 0.040% STANDARD - MUST READ	standard solution being BETWEEN 0.095% and BETWEEN 0.076% and	i used. (PRINTOUT A d 0.105% INCLUSIVI d 0.084% INCLUSIVI	ATTACHED) E E	a macrine	avo a opioad o	1.000 01		
TEST 1 .100	TEST 2 .100		TEST 3 .101					
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) 0	(.0509) 0	(.1014) 0	(.15- 19)	0   (0	OVER .19)	0		
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								
NSPECTING OFFICER								
SIGNATURE			PRINT NAME					
· Det Mill May 57	2		Michael Arthur					
YPE II PERMIT NUMBER/EXPIRATIÓN DATE 240056 02/28/2026			(314) 831-7000	0				
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: 107989
Version no: 532B

TEST RECORD 01492

Temp Date Time 210L

Air Blank:
 07/01/24 14:26 .000
Calibration Check:
 23 07/01/24 14:26 .100

Subject Name

Valy Maintenance
Subject I.D.

Test #1

Operator Name, I.D.

Oct. Arthur, 240056
Location

AS IV Serial no: 187989
Version no: 532B

TEST RECORD 01493
9/
Temp Date Time 210L
Air Blank:
07/01/24 14:28 .000
Calibration Check:
23 07/01/24 14:28 .100

Subject Name

July Meintenauce
Subject I.D.
Test # 2

Operator Name, I.D.

Add Anthony 210056
Location

1700 M. Huy 67

Florissart, MD 63933

AS IV Serial no: 107989
Version no: 532B

TEST RECORD 01494

Persion no: 532B

TEST RECORD 01494

Persion Date Time 210L

Air Blank:
07/01/24 14:30 .000

Calibration Check:
23 07/01/24 14:30 .101

Subject Name

Valy Meintenance
Subject I.D.

Test #3

Operator Name, I.D.

Del Arthur 240056

Location

1700 N Hay 67

Ploissayt Mo 63033

AS IV Serial no: 107989
Version no: 532B

TEST RECORD 01495

9/
Temp Date Time 210L

VOID: RFI
12 07/01/24 14:32

Subject Name

July Maintenance
Subject I.D.

RFI Tot

Operator Name, I.D.

Location

[700 N. Hwy 67

Florisant, Mo 63033

AS IV Serial no: 107989
Version no: 532B

TEST RECORD 01496

Temp Date Time 210L

Air Blank: 07/01/24 14:33 .000
Subject Test: Auto 24 07/01/24 14:33 .000
Subject Name

July Maintingnic
Subject I.D.

Self Tot

Decrator Name: I.D.

Achor 240056
Location

1700 Nothing 67



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

Exp Date 15-Feb-2025 Cyl. Type

Component

**Certified Concentration** 

108

Ethanol

 $0.100 \pm 2\%$  BrAC (272 ppm)

Nitrogen

### Certification Traceable to N.I.S.T. RGM and to CRM Ethanol Standards:

RGM Serial No.	Concentration	<b>RGM Serial No.</b>	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.** CC727481

Concentration 800.0 ppm

**CRM Serial No.** 

Concentration

CC727496

253.0 ppm

CC727493 CC727498 390.0 ppm 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:

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 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. Mike Massin

DATE \_\_\_\_2/28/2024 DIRECTOR OF STATE PUBLIC HEALTH LABORATORY NUMBER 240056 Daves J. Michelson EXPIRES 2/28/2026 DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R6-10)



The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired ai in Missouri.

Operator

ARTHUR, MICHAEL

Permit No 240056 Date Issued 2/28/2024

**Date Expires 2/28/2026** 

