



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 107989	NAME OF AGENCY FLORISSANT POLICE DEPARTMENT	DATE OF INSPECTION 09/10/2024
LOCATION OF INSTRUMENT (STREET AND CITY) 1700 US HWY 67		TIME OF INSPECTION 8:50 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 # 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 .101
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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

Instrument has been off-line since mid-July for building maintenance. Date/Time has been reset and Maintenance completed by Det. Michael Arthur, DSN 570

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 01499

Temp Date Time ^{s/} 210L

Air Blank:
09/10/24 08:50 .000
Calibration Check:
25 09/10/24 08:50 .101

Subject Name

September Maintenance

Subject I.D.

Test #1

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 01500

Temp Date Time ^{s/} 210L

Air Blank:
09/10/24 08:52 .000
Calibration Check:
25 09/10/24 08:52 .100

Subject Name

September Maintenance

Subject I.D.

Test #2

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 01501

Temp Date Time ^{s/} 210L

Air Blank:
09/10/24 08:55 .000
Calibration Check:
26 09/10/24 08:55 .100

Subject Name

September Maintenance

Subject I.D.

Test #3

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 01502

Temp Date Time ^{s/} 210L

VOID: RFI
12 09/10/24 08:56

Subject Name

September Maintenance

Subject I.D.

RFI Test

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 01503

Temp Date Time ^{s/} 210L

Air Blank:
09/10/24 08:58 .000
Subject Test: Auto
26 09/10/24 08:58 .000

Subject Name

September Maintenance

Subject I.D.

Self Test

Operator Name, I.D.

Det. Arthur, 570

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

Dave J. Nickelson

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

