



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

RECEIVED
10/1/2024 10:02 am

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 10/01/2024
LOCATION OF INSTRUMENT (STREET AND CITY) 1700 US HWY 67		TIME OF INSPECTION 10:02 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.

<input checked="" type="checkbox"/> DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)
<input checked="" type="checkbox"/> TEMPERATURE OF ALCO SENSOR (10°C - 40°C)
<input checked="" type="checkbox"/> PRINTER WORKING PROPERLY
<input checked="" type="checkbox"/> TIME AND DATE DISPLAYING PROPERLY

BREATH ALCOHOL ACCURACY STANDARDS

<input type="checkbox"/> SIMULATOR SOLUTION	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>INTOXIMETERS</u>	LOT # <u>AG304601</u> EXP. DATE <u>02/15/2025</u>
<input type="checkbox"/> 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)

<input checked="" type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE
<input type="checkbox"/> 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE
<input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE

TEST 1 .100	TEST 2 .101	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: 107989
Version no: 532B

TEST RECORD 01504

Temp Date Time ^{s/} 210L

Air Blank:
10/01/24 10:02 .000
Calibration Check:
23 10/01/24 10:02 .100

Subject Name

Maintenance Test #1

Subject I.D.

October Maintenance

Operator Name, I.D.

Det. Michael Arthur, 240056

Location

1700 N. Hwy 67

Florissant, Mo 63033

AS IV Serial no: 107989
Version no: 532B

TEST RECORD 01505

Temp Date Time ^{s/} 210L

Air Blank:
10/01/24 10:04 .000
Calibration Check:
23 10/01/24 10:04 .101

Subject Name

Maintenance Test #2

Subject I.D.

October Maintenance

Operator Name, I.D.

Det. Michael Arthur, 240056

Location

1700 N. Hwy 67

Florissant, Mo 63033

AS IV Serial no: 107989
Version no: 532B

TEST RECORD 01506

Temp Date Time ^{s/} 210L

Air Blank:
10/01/24 10:06 .000
Calibration Check:
23 10/01/24 10:06 .101

Subject Name

Maintenance Test #3

Subject I.D.

October Maintenance

Operator Name, I.D.

Det. Michael Arthur, 240056

Location

1700 N. Hwy 67

Florissant, Mo 63033

AS IV Serial no: 107989
Version no: 532B

TEST RECORD 01507

Temp Date Time ^{s/} 210L

VOID: RFI
12 10/01/24 10:08

Subject Name

RFI Test

Subject I.D.

October Maintenance

Operator Name, I.D.

Det. Michael Arthur, 240056

Location

1700 N. Hwy 67

Florissant, Mo 63033

AS IV Serial no: 107989
Version no: 532B

TEST RECORD 01508

Temp Date Time ^{s/} 210L

Air Blank:
10/01/24 10:09 .000
Subject Test: Auto
23 10/01/24 10:09 .000

Subject Name

Self Test

Subject I.D.

October Maintenance

Operator Name, I.D.

Det. Michael 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

Exp Date	Cyl. Type	Component	Certified Concentration
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
 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



**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. Nickelson

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

