

RECEIVED

By Tracy Crews at 10:50 am, May 10, 2024



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 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 111320	NAME OF AGENCY St. Louis County Police Department	DATE OF INSPECTION 05/07/2024
LOCATION OF INSTRUMENT (STREET AND CITY) 14301 S Outer 40 Rd		TIME OF INSPECTION 7:03 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
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<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>Intoximeters</u>	LOT # <u>AG321505</u>	EXP. DATE <u>08/03/2025</u>
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<input type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C)	SIM. SN	SIM. NIST EXP DATE
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<input checked="" type="checkbox"/> 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 <u>.100</u>	TEST 2 <u>.101</u>	TEST 3 <u>.100</u>
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<input checked="" type="checkbox"/> RFI DETECTOR OPERATING
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**INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: (DO NOT INCLUDE SELF-ADMINISTERED TESTS)**

REFUSALS	(0-.04)	(.05-.09)	(.10-.14)	(.15-.19)	(OVER .19)
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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).

**INSPECTING OFFICER**

SIGNATURE <i>[Signature]</i>	PRINT NAME Officer Michael White
TYPE II PERMIT NUMBER EXPIRATION DATE 230233 10/31/2025	TELEPHONE NUMBER (636) 529-8210

**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: 111320  
Version no: 532B

TEST RECORD 00646

Temp Date Time <sup>9/</sup> 210L

Air Blank:  
05/07/24 07:24 .000  
Calibration Check:  
18 05/07/24 07:24 .100

Subject Name

Test

Subject I.D.

1

Operator Name, I.D.

White 230233

Location

14301 S. Outer 40

AS IV Serial no: 111320  
Version no: 532B

TEST RECORD 00646

Temp Date Time <sup>9/</sup> 210L

Air Blank:  
05/07/24 07:26 .000  
Calibration Check:  
18 05/07/24 07:26 .101

Subject Name

Test

Subject I.D.

2

Operator Name, I.D.

White 230233

Location

14301 S. Outer 40

AS IV Serial no: 111320  
Version no: 532B

TEST RECORD 00647

Temp Date Time <sup>9/</sup> 210L

Air Blank:  
05/07/24 07:29 .000  
Calibration Check:  
19 05/07/24 07:29 .100

Subject Name

Test

Subject I.D.

3

Operator Name, I.D.

White 230233

Location

14301 S. Outer 40

AS IV Serial no: 111320  
Version no: 532B

TEST RECORD 00648

Temp Date Time <sup>9/</sup> 210L

VOID: RFI  
12 05/07/24 07:31

Subject Name

Test

Subject I.D.

RFI

Operator Name, I.D.

White 230233

Location

14301 S. Outer 40



**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:** 3-Aug-2023

**Lot #** AG321505 **Model** 108

<b>Exp Date</b> 3-Aug-2025	<b>Cyl. Type</b> 108	<b>Component</b> Ethanol Nitrogen	<b>Certified Concentration</b> 0.100 ± 2% BrAC (272 ppm)
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**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:08.03.2023 17:58

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

Yusef Woods

**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 WHITE**

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 DMT**

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: 10/31/2023

NUMBER: 230233

EXPIRES: 10/31/2025

IC: 580/9721 (CARD)

*Mike Mason*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Dawn J. Nielsen*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LABORATORY



**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: WHITE, MICHAEL  
 Permit No: 230233  
 Date Issued: 10/31/2023    Date Expires: 10/31/2025

