



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 087971	NAME OF AGENCY CARROLLTON POLICE DEPARTMENT	DATE OF INSPECTION 02/06/2025
LOCATION OF INSTRUMENT (STREET AND CITY) 1320 N US 65., CARROLLTON, MO, 64633		TIME OF INSPECTION 1:13 A.M.

**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 INC LOT # AG304002 EXP. DATE 02/09/2025

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 → .101

TEST 2 → .100

TEST 3 → .099

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)	1	(.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).

Maintenance conducted in accordance with DHSS standards.

**INSPECTING OFFICER**

SIGNATURE

PRINT NAME

WILLIAM BAGER

TYPE II PERMIT NUMBER/EXPIRATION DATE

250001/1-9-2027

TELEPHONE NUMBER

(660) 542-3128

**Return completed report to the:** Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office by mail, fax, or email.

CARROLLTON POLICE DEPARTMENT-BREATH ALCOHOL PROGRAM

AS IV Serial no: 087971  
Version no: 532B

TEST RECORD 00606  
Type Date Time 210L  
9/

Air Blank:  
02/06/25 01:13 .000  
Calibration Check:  
22 02/06/25 01:13 .101

Subject Name  
**TEST #1**  
Subject I.D.

Operator Name, I.D.  
**W. BARGER #250001**

Location

**1320 N US 65**

**CARROLLTON, MO**  
**64633**

AS IV Serial no: 087971  
Version no: 532B

TEST RECORD 00607  
Type Date Time 210L  
9/

Air Blank:  
02/06/25 01:15 .000  
Calibration Check:  
22 02/06/25 01:15 .100

Subject Name  
**TEST #2**  
Subject I.D.

Operator Name, I.D.  
**W. BARGER #250001**

Location

**1320 N US 65**

**CARROLLTON, MO**  
**64633**

AS IV Serial no: 087971  
Version no: 532B

TEST RECORD 00608  
Type Date Time 210L  
9/

Air Blank:  
02/06/25 01:19 .000  
Calibration Check:  
22 02/06/25 01:19 .099

Subject Name  
**TEST #3**  
Subject I.D.

Operator Name, I.D.  
**W. BARGER #250001**

Location

**1320 N US 65**

**CARROLLTON, MO**  
**64633**

AS IV Serial no: 087971  
Version no: 532B

TEST RECORD 00609  
Type Date Time 210L  
9/

VOID: RTI  
12 02/06/25 01:20

Subject Name  
**RTI TEST**  
Subject I.D.

Operator Name, I.D.  
**W. BARGER #250001**

Location

**1320 N US 65**

**CARROLLTON, MO**  
**64633**

TEST #1

TEST #2

TEST #3

RTI TEST

AS-IV S/N: 087971 Type II Permit Holder: William Barger #250001-Exp: 01/09/2027 Date of Maintenance Report: 2/6/2025

Carrollton Police Department AS-IV Monthly Maintenance Report



Airgas USA LLC (LAB)  
 3600 Bernard Street  
 St. Louis, Mo. 63103  
 Ph: (314) 633-3100  
 Fax: (314) 533-7328

## Certificate of Analysis

Customer Name  
 Exclusive Supplier  
 Intoximeters, Inc.  
 2081 Craig Road  
 St. Louis, Mo 63146

Test Date: 9-Feb-2023

Lot # AG304002 Model 108

Exp Date	Cyl. Type	Component	Certified Concentration
9-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: 02.09.2023 10:01

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



**PERMIT**  
**TYPE II**  
**WILLIAM BARGER**

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**

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 1/9/2025

NUMBER 250001

EXPIRES 1/9/2027

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

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 BARGER, WILLIAM  
 Permit No 250001  
 Date Issued 1/9/2025 Date Expires 1/9/2027

