



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 03/11/2025
LOCATION OF INSTRUMENT (STREET AND CITY) 1320 N US 65., CARROLLTON, MO, 64633		TIME OF INSPECTION 7:14 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 # AG429106 EXP. DATE 10/17/2026

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 .099 TEST 2 .098 TEST 3 .098

- 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)	1	(.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).

Update time due to daylight savings.
 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: 502B
TEST RECORD 00611
Temp Date Time 210L
Air Blank: 08/11/25 07:14 .000
Calibration Check: 28 08/11/25 07:14 .099

Subject Name
TEST #1
Subject I.D.

Operator Name, I.D.
W. BARGER #250001
Location
1320 N US 65
CARROLLTON, MO
64633

TEST# 1

AS IV Serial no: 087971
Version no: 502B
TEST RECORD 00612
Temp Date Time 210L
Air Blank: 23/11/25 07:16 .000
Calibration Check: 28 23/11/25 07:16 .098

Subject Name
TEST #2
Subject I.D.

Operator Name, I.D.
W. BARGER #250001
Location
1320 N US 65
CARROLLTON, MO
64633

TEST #2

AS IV Serial no: 087971
Version no: 502B
TEST RECORD 00613
Temp Date Time 210L
Air Blank: 08/11/25 07:19 .000
Calibration Check: 24 08/11/25 07:19 .098

Subject Name
TEST #3
Subject I.D.

Operator Name, I.D.
W. BARGER #250001
Location
1320 N US 65
CARROLLTON, MO
64633

TEST #3

AS IV Serial no: 087971
Version no: 502B
TEST RECORD 00614
Temp Date Time 210L
Air Blank: 12 08/11/25 07:21

Subject Name
RFL TEST
Subject I.D.

Operator Name, I.D.
W. BARGER #250001
Location
1320 N. US 65
CARROLLTON, MO
64633

RFI TEST

AS-IV S/N: 087971 Type II Permit Holder: William Barger #250001-Exp: 01/09/2027 Date of Maintenance Report: 3/11/2025



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: 17-Oct-2024

Lot # AG429106 **Model** 108

Exp Date 17-Oct-2026	Cyl. Type 108	Component Ethanol Nitrogen	Certified Concentration 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	799.4 ppm	CC727493	389.8 ppm
CC727496	253.4 ppm	CC727498	150.2 ppm

Analytical Method: NDIR

Digitally signed by:Quality Control
 Reason:Dry gas standard certification of analysis
 Location:Airgas USA LLC (Lab)
 Date:10.18.2024 07:39

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

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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

Adam J. Pauli

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Paula J. Nicholson

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (P6-10)

MO 690-0771 (6-10)

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

