



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 <b>097418</b>	NAME OF AGENCY <b>Ferguson Police Department</b>	DATE OF INSPECTION <b>02/25/025</b>
LOCATION OF INSTRUMENT (STREET AND CITY) <b>222 S. Florissant, Ferguson, MO 63135</b>		TIME OF INSPECTION <b>09:03</b>

**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**

<input type="checkbox"/> SIMULATOR SOLUTION	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>Intoximeters</u>	LOT # <u>AG321505</u> EXP. DATE <u>08/03/2025</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)

- 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 ➔ <b>.099</b>	TEST 2 ➔ <b>.099</b>	TEST 3 ➔ <b>.099</b>
----------------------	----------------------	----------------------

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 <b>0</b>	(0-.04) <b>0</b>	(.05-.09) <b>0</b>	(.10-.14) <b>0</b>	(.15-.19) <b>0</b>	(OVER .19) <b>0</b>
-------------------	------------------	--------------------	--------------------	--------------------	---------------------

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 	PRINT NAME <b>Officer Robert Tosie (STLCO PD)</b>
TYPE II PERMIT NUMBER/EXPIRATION DATE <b>240128 / 05/29/2026</b>	TELEPHONE NUMBER <b>(636) 529-8210</b>

**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: 097418  
Version no: 532B

TEST RECORD 00243

Temp Date Time 210L

Air Blank:  
02/25/25 09:03 .000  
Calibration Check:  
20 02/25/25 09:03 .099

Subject Name

Test #1

Subject I.D.

N/A

Operator Name, I.D.

P.O. Toste 4553

Location

222 S. Florissant

AS IV Serial no: 097418  
Version no: 532B

TEST RECORD 00244

Temp Date Time 210L

Air Blank:  
02/25/25 09:06 .000  
Calibration Check:  
20 02/25/25 09:06 .099

Subject Name

Test #2

Subject I.D.

N/A

Operator Name, I.D.

P.O. Toste 4553

Location

222 S. Florissant

AS IV Serial no: 097418  
Version no: 532B

TEST RECORD 00245

Temp Date Time 210L

Air Blank:  
02/25/25 09:09 .000  
Calibration Check:  
21 02/25/25 09:09 .099

Subject Name

Test #3

Subject I.D.

N/A

Operator Name, I.D.

P.O. Toste 4553

Location

222 S. Florissant

AS IV Serial no: 097418  
Version no: 532B

TEST RECORD 00246

Temp Date Time 210L

VOID: RTI  
12 02/25/25 09:10

Subject Name

RET

Subject I.D.

N/A

Operator Name, I.D.

P.O. Toste 4553

Location

222 S. Florissant



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

Exp Date	Cyl. Type	Component	Certified Concentration
3-Aug-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
EB0010681	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**  
**ROBERT TOSIE**

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 5/29/2024

NUMBER 240128

EXPIRES 5/29/2026

*Mike Magallon*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Paula J. Nicholson*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES