

## 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 Send copy to Department of Health and Senio				whenever instrument is repaired.	
ALCO SENSOR IV SN 111335	NAME OF AGENCY St. Louis County	Police Department	I .	DATE OF INSPECTION 07/29/2023	
LOCATION OF INSTRUMENT (STREET AND CITY) 14301 SOUTH OUTER FOURTY MODO	T TMC			rime of inspection 9:31 am	
CHECKLIST: Place a mark in the box by each i			within establishe	d limits. (Write in observed values	
where determined.) Unmarked items must be	corrected before using	instrument.			
DIGITAL READOUT (ALL ELEMENTS OF	PERATIONAL)				
☑ TEMPERATURE OF ALCO SENSOR (10°C - 40°C)					
☑ PRINTER WORKING PROPERLY					
☑ TIME AND DATE DISPLAYING PROPER	LY				
BREATH ALCOHOL ACCURACY STANDAR	DS				
☐ SIMULATOR SOLUTION		COMPRESSE	D ETHANOL-GA	S MIXTURE	
☑ STANDARD SUPPLIER Intoximeters	LOT # AG204801 EXP. DATE 02/17/2024				
☐ SIMULATOR TEMPERATURE (34°C ± 0.2	2°C) SIN	1. SN	SIM. NI	IST EXP DATE	
Run three tests using a standard solution. less. Check the box corresponding to the s  0.100% STANDARD - MUST READ B  0.080% STANDARD - MUST READ B  0.040% STANDARD - MUST READ B	standard solution being BETWEEN 0.095% and BETWEEN 0.076% and	used. (PRINTOUT A   0.105% INCLUSIVE   0.084% INCLUSIVE	TTACHED) : :	nd must have a spread of .005 or	
TEST 1 • .099	TEST 2   .098		TEST 3 <b>☞</b> .097		
☑ RFI DETECTOR OPERATING					
INDICATE THE NUMBER OF BREATH TEST (DO NOT INCLUDE SELF-ADMINISTERED T		G RANGES SINCE T	HE LAST MAIN	TENANCE REPORT:	
REFUSALS 0 (004) 0	(.0509) 0	(.1014) 0	(.1519)	0 (OVER .19) 0	
List any new parts and describe any alteration established limits (use other side if necessary)		as made to restore t	he instrument to	o operate satisfactorily and within	
INSPECTING OFFICER					
SIGNATURE  P CAS 3			PRINT NAME PO Tosie DSN 4553		
TYPE II PERMIT NUMBER/EXPIRATION DATE  220173 / 06/24/2024			TELEPHONE NUMBER (636) 529-8210		
	ohol Program, MO Dep x, or email.	eartment of Health an	d Senior Service	es, Southeast District Office	

MOPOT

OS IV Serial not 111335
Version not 5328

TEST NOTED 08539

Temp Date Time 2100

Air Diant:
67/29/20 09:38 .006

Calibration Check:
22 07/29/20 09:38 .098

Subject Name
1 CFH #2

Subject I.D.

P.D. Tosie 4553

Location

AS IV Serial not 111385
Version not 5028

TEST SCHOOLD 99540
Temp Take Time 210L

Air Slenk: 92/29/28 99:40 .009
Catibration Check: 28 62/29/28 99:40 .897

Subject C.D.

VA

Operator Mamos I.D.

V.O. Tosk: 4373
Location

Moder TMC



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: 19-Feb-2022

Lot # AG204801 Model 108

Exp Date 17-Feb-2024

Cyl. Type 108 Component

**Certified Concentration** 

Ethanol

0.100 ± 2% BrAC (272 ppm)

Nitrogen

#### Certification Traceable to M.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:Argas USA LLC (Lab) Date:02.22.2022 19:37

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

### 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 se 577.020 through 577.041, RSMo and 306.111 through 306.11	ample of expired zir. Permit issued under the provisions of sections. 9 PSMo.
DATE 6/24/2022	Mile Magoner minimum region
JANE WALLANDA AL	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 220173	Danla I. Machielan
EXPIRES 6/24/2024	
MQ:690:077t (0-10)	DIRECTOR DEPARTMENT OF HEALTHAND SEMIOR SERVICES (AD-4 (FIG. 10).