### 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				never instrument is repaired.	
ALCO SENSOR IV SN 111733	NAME OF AGENCY St. Louis County	Police Departmen		of inspection 04/2023	
LOCATION OF INSTRUMENT (STREET AND CITY) 14301 South Outer 40 Rd, Chesterfield			1 *	of inspection 1 am	
CHECKLIST: Place a mark in the box by each			within established lim	its. (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 PROPERLY					
BREATH ALCOHOL ACCURACY STANDAR	DS		······································		
☐ SIMULATOR SOLUTION	N Z COMPRESSED ETHANOL-GAS MIXTURE				
STANDARD SUPPLIER Intoximeters	LOT # AG204801 EXP. DATE 02			7/2024	
☐ SIMULATOR TEMPERATURE (34°C ± 0.	2°C) SIM	и. SN	SIM. NIST E	EXP DATE	
Run three tests using a standard solution.  less. Check the box corresponding to the s  ✓ 0.100% STANDARD - MUST READ I  O.080% STANDARD - MUST READ I  0.040% STANDARD - MUST READ I	standard solution being BETWEEN 0.095% and BETWEEN 0.076% and	used. (PRINTOUT A 0.105% INCLUSIVI 10.084% INCLUSIVI	ATTACHED) E E	,	
TEST 1099	EST 2098		TEST 3098		
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:					
(DO NOT INCLUDE SELF-ADMINISTERED T	1		1	1	
<del></del>		(.1014) 2	(.1519) 1	(OVER .19) 0	
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).					
Updated time					
	·				
•					
	·				
INSPECTING OFFICER					
SIGNATURE 1			PRINT NAME PO Tosie DSN 4553		
TYPE II PERMIT NUMBER/EXPIRATION DATE			TELEPHONE NUMBER		
220173 / 06/24/2024	·		(636) 529-8210		
Return completed report to the: Breath Alc by mail, fa	ohol Program, MO Dep x, or email.	partment of Health ar	nd Senior Services, So	outheast District Office	

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## Airgas.

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

Ethanol Nitrogen Certified Concentration 0.100 ± 2% BrAC (272 ppm)

Certification Traceable to N.I.S.T. RGM and to CRM Ethanol Standards:

RGM Serial No. Concentration
EB0010581 391.8 ppm
EB0010570 259.8 ppm
EB0010285 209.0 ppm
EB0010561 103.7 ppm
EB0010681 52.22 ppm

RGM Serial No. Concentration
EB0010603 392.5 ppm
EB0010559 258.9 ppm
EB0010562 104.2 ppm
EB0010579 52.94 ppm

CRM Serial No. CC727481 CC727496

Concentration 800.0 ppm 253.0 ppm

CRM Serial No. CC727493 CC727498

Concentration 390.0 ppm 150.0 ppm

Analytical Method: NDIR

Digitally signed by: Quality Control Reason:Dry gas standard certification of analysis Location:Afrasa USA LLC (Lab) Dato: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 sample of expired air. Permit issued under the provisions of sections

577.020 through 577.041, RSMo and 306.111 through 306.119 RSI				
DATE 6/24/2022	Mile Mason			
to T. Y. b. as a second M. Com. I Late M. Com. and Com. a	DIRECTOR OF STATE FUELIC HEALTH LABORATORY			
NUMBER 220173				
EXPIRES 6/24/2024	Danla I. Nic Bellion			
MQ:690-0774 (6-10)	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES  6.08-4-(86-10)			