

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 Send copy to Department of Health and Sen	of the regular monthly nior Services; retain oric	preventative mainter pinal in department file	nance check, and	d whene	ver instrument i	s repaired.	
ALCO SENSOR IV SN 111733	NAME OF AGENCY St. Louis County Police Departmen		nt	DATE OF INSPECTION 06/27/2023			
LOCATION OF INSTRUMENT (STREET AND CITY) 14301 South Outer 40 Rd, Chesterfield					INSPECTION		
CHECKLIST: Place a mark in the box by each where determined.) Unmarked items must be			g within establish			ved values	
✓ DIGITAL READOUT (ALL ELEMENTS		y instrument.					
✓ TEMPERATURE OF ALCO SENSOR (10°C - 40°C)							
✓ PRINTER WORKING PROPERLY							
☑ TIME AND DATE DISPLAYING PROPERLY							
BREATH ALCOHOL ACCURACY STANDA							
☐ SIMULATOR SOLUTION ☐ COMPRESSED ETHANOL-GAS MIXTURE							
STANDARD SUPPLIER Intoximeters		LOT # AG204801 EXP. DATE 02/17/2024					
SIMULATOR TEMPERATURE (34°C ± 0.2°C)		IM. SN	SIM. NIST EXP DATE				
less. Check the box corresponding to the 0.100% STANDARD - MUST READ 0.080% STANDARD - MUST READ 0.040% STANDARD - MUST READ	D BETWEEN 0.095% ar D BETWEEN 0.076% ar D BETWEEN 0.038% ar	nd 0.105% INCLUSIV and 0.084% INCLUSIV	E E E				
TEST 1 • .098	TEST 2098	EST 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)							
		(10-14) 4	145.40	0	(OVED 40)	3	
REFUSALS 0 (004) 0 List any new parts and describe any alteratiestablished limits (use other side if necessar		(.10.14)	(.1519) the instrument t		(OVER .19) te satisfactorily a		
NSPECTING OFFICER							
FIGURE YSS			PRINT NAME PO Tosie DSN 4553				
TYPE II PERMIT NUMBER/EXPIRATION DATE 220173 / 06/24/2024			(636) 529-82°				
Return completed report to the: Breath A by mail,	lcohol Program, MO De fax, or email.	partment of Health ar	nd Senior Service	es, Sout	heast District Of	ffice	

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MODOT 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

Cyl. Type

Component

Certified Concentration

17-Feb-2024

108

Ethanol Nitrogen 0.100 ± 2% BrAC (272 pprn)

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

Concentration

RGM Serial No. EB0010581

391.8 ppm EB0010570 259.8 ppm 209.0 ppm

EB0010285 EB0010561 EB0010681

103.7 ppm 52.22 ppm

RGM Serial No.

EB0010603 EB0010559 EB0010562

392.5 ppm 258.9 ppm 104.2 ppm

EB0010579

52.94 ppm

Concentration

CRM Serial No.

CC727481 CC727496 Concentration

800.0 ppm 253.0 ppm CRM Serial No.

Concentration

CC727493 CC727498

390.0 ppm 150.0 ppm

Analytical Method: NDIR

Digitally signed by:Quality Control Reason:Dry gas standard cortification of analysis Locallor:Afras USA L1.C (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



(AB:4 (R6-10)

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

577.020 through 577.041, RSMo and 306.111 through 5	m a samply of expired air. Permusaded under the provisions of section 306.119 RSMs
DATE 6/24/2022	Mile Marganer
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 220173	
EXPIRES 6/24/2024	Daula I. Mcarelson
AQ:680-07.7t (0-10)	DIRECTORTOR DEPARTMENT OF HEALTH AND TENIOR SERVICES LAB-4-(R6-10).
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