

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

RECEIVED By Tracy Crews at 7:41 am, Feb 28, 2024

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

A HELIONAL		f the regular monthly preventative mainte	nance check, and wher	never instrument is repaired.
Complete this report in du Send copy to Department	plicate at the time o of Health and Senio	r Services; retain original in department fi	e.	
alco sensor IV sn 102458		NAME OF AGENCY MSHP (MSC)		of inspection 7/2024
LOCATION OF INSTRUMENT (S 1200 S. Holden St War	TREET AND CITY) rensburg, MO 640	93	TIME (9:34	DF INSPECTION am
CHECKLIST: Place a mar	k in the box by each	item if found to be satisfactory or if operatir	ng within established lim	its. (Write in observed values
where determined.) Unma	rked 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 DIS	SPLAYING PROPER	ILY		
BREATH ALCOHOL AC	CURACY STANDAR	PDS .		
☐ SIMULATOR SOLUT	☐ SIMULATOR SOLUTION			
☑ STANDARD SUPPL	ER Intoximeters	LOT # AG309501	EXP. DATE 04/0	5/2025
☐ SIMULATOR TEMPE	RATURE (34°C ± 0	.2°C) SIM. SN	SIM. NIST	EXP DATE
Run three tests using	a standard solution	ANDARD IS TO BE USED PER MAINTE All three tests must be within ±5% of the standard solution being used. (PRINTOU	e standard value and m	oust have a spread of .005 o
Run three tests using less. Check the box of 0.100% STAND 0.080% STAND	a standard solution corresponding to the ARD - MUST READ ARD - MUST READ	ANDARD IS TO BE USED PER MAINTE 1. All three tests must be within ±5% of the standard solution being used. (PRINTOU BETWEEN 0.095% and 0.105% INCLUS BETWEEN 0.076% and 0.084% INCLUS BETWEEN 0.038% and 0.042% INCLUS	e standard value and m T ATTACHED) IVE IVE	oust have a spread of .005 o
Run three tests using less. Check the box of 0.100% STAND 0.080% STAND	a standard solution corresponding to the ARD - MUST READ ARD - MUST READ ARD - MUST READ	All three tests must be within ±5% of the standard solution being used. (PRINTOU BETWEEN 0.095% and 0.105% INCLUS BETWEEN 0.076% and 0.084% INCLUS	e standard value and m T ATTACHED) IVE IVE	nust have a spread of .005 o
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Run three tests using less. Check the box of 0.100% STAND 0.080% STAND 0.040% STAND TEST 1 .098 RFI DETECTOR OPINDICATE THE NUMBE	a standard solution corresponding to the ARD - MUST READ ARD - MUST READ ARD - MUST READ ERATING	I. All three tests must be within ±5% of the standard solution being used. (PRINTOU BETWEEN 0.095% and 0.105% INCLUS BETWEEN 0.076% and 0.084% INCLUS BETWEEN 0.038% and 0.042% INCLUS TEST 2 .097	e standard value and m T ATTACHED) IVE IVE IVE TEST 3 .097	
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Run three tests using less. Check the box of the control of the co	a standard solution corresponding to the ARD - MUST READ - MUST READ ARD - MUST READ - MUST RE	All three tests must be within ±5% of the standard solution being used. (PRINTOU BETWEEN 0.095% and 0.105% INCLUS BETWEEN 0.076% and 0.084% INCLUS BETWEEN 0.038% and 0.042% INCLUS TEST 2 .097 TS IN THE FOLLOWING RANGES SINCE TESTS) (.0509) (.1014) on or modification that was made to restored.	e standard value and m T ATTACHED) IVE IVE IVE TEST 3 .097 E THE LAST MAINTER (.1519) ore the instrument to open services and m PRINT NAME	NANCE REPORT: (OVER .19) Perate satisfactorily and within

AS IV Serial no: 102458 Version no: 532B TEST RECORD - REPRINT TEST RECORD 01076 Temp Date Time 210L Air Blank: 02/27/24 09:34 .000 Calibration: -25 02/27/24 09:34 .097 Subject Name Subject I.D. Operator Name, I.D. OKSchildeneck+ 33000

Location MASC

AS IV Serial no: 102458 Version no: 532B TEST RECORD 01077 g/ Time 210L Temp Date Air Blank: 02/27/24 09:36 .000 Calibration Check: 26 02/27/24 09:36 .098 Subject Name Test 1 Subject I.D. Operator Name, I.D.

Chile Kne V

1M5C

ocation

12300

AS IV Serial no: 102458 Version no: 532B TEST RECORD 01078 Date Time 210L Air Blank: 02/27/24 09:38 .000 Calibration Check: 27 02/27/24 09:38 .097 Subject Name Subject I.D. operator Name. 1.D.
Schlokur 230225 Location MSC

AS IV Serial no: 102458 Version no: 532B TEST RECORD 01079 Temp Date Time 210L Air Blank: 02/27/24 09:39 .000 Calibration Check: 27 02/27/24 09:39 .097 Subject Name

Operation Name, 1.D. Location MSC

AS IV Serial no: 102458 Version no: 532B TEST RECORD 01080 Date Time 210L Temp VOID: RF1 12 02/27/24 09:41 Subject Name Subject 1.D. operator Name, I.D.

Location



Airgas USA LLC (LAB) 3500 Bernard Street St. Louis, Mo. 63103 Ph: (314) 533-3100 Fax: (314) 533-7328

Certificate of Analysis

Test Date: 5-Apr-2023

Customer Name Exclusive Supplier

Intoximeters, Inc. 2081 Craig Road St. Louis, Mo 63146

Lot # AG309501 Model 108

Exp Date

Cyl. Type

Component

Certified Concentration

5-Apr-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
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 CC727496 800.0 ppm 253.0 ppm CC727493 CC727498 390.0 ppm 150.0 ppm

Analytical Method: NDIR

Digitally signed by:Quality Control Reason:Dry gas standard certification of analysis Location:Airgas USA LLC (Lab) Date:04.05.2023 17:34

Approved for Release:

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

RYAN SCHILDKNECHT

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

INTOX DMT, INTOXILYZER 8000, INTOX EC/IR II, ASIV W/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. 1. 0.00

		Laura C. Nay
DATE	10/19/2023	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER	230225	Maron
EXPIRES	10/19/2025	, acting director DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES LAB 4 (R6-1

MO 580-0771 (6-10)



Permit No 230225

Date Issued 10/19/2023 Date Expires 10/19/2025