

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

RECEIVED By Tracy Crews at 3:20 pm, Jan 02, 2024

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

~BCETX						
Complete this report in d Send copy to Departmen	•			ce check, and whene	ver instrument is repaired.	
ALCO SENSOR IV SN 107999		NAME OF AGENCY Clay County SO (MSC)		DATE OF 01/02/2	INSPECTION 2024	
LOCATION OF INSTRUMENT (93		TIME OF 9:09 ar	INSPECTION TI	
CHECKLIST: Place a ma	rk in the box by each	item if found to be satist	factory or if operating w	ithin 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 AC	CURACY STANDAR	DS				
☐ SIMULATOR SOLUTION			☑ COMPRESSED ETHANOL-GAS MIXTURE			
STANDARD SUPPLIER Intoximeters		L	LOT # AG309501 EXP. DATE 04/05/2025		2025	
SIMULATOR TEMPERATURE (34°C ± 0.2°C) SIM. SN				SIM. NIST EX	P 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 1097	T	EST 2 • .097	Т	EST 3 🖝 .097		
☑ 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	(004)	(.0509)	(.1014)	(.1519)	(OVER .19)	
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). Reset master chip						
INSPECTING OFFICER					The state of the second se	
SIGNATURE			þ	PRINT NAME		
1/2	122		F	Ryan Schildknecht		
ÆΥΡΕ II PERMIT NUMBER/EXPIRATION DATE 230225 10/19/2025			_	TELEPHONE NUMBER (660) 543-4573		
Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office by mail, fax, or email.						

TEST RECORD MANS

TEST RECORD MANS

Fir Blank:

91/92/24 59:09 .699

Calibration Check:

29 91/92/24 69:09 .699

Chieci Name

FeSt |

Subject I.D.

Schibluse 23 225

Location

MSC

AS IV Serial not 197999
Version not 5000
TEST RECORD 90446
Temp Date Time 2101
Units RFI
12 91/00/201 80:15
Subject Line
PFE
Subject Line

Shillment 230225

Person Name, L.B.



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: 5-Apr-2023

Lot # AG309501 Model 108

Exp Date 5-Apr-2025 Cyl. Type 108

Component

Certified Concentration

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 EB0010581 391.8 ppm EB0010570 259.8 ppm EB0010285 209.0 ppm EB0010561 103.7 ppm EB0010681 52.22 ppm

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

CRM Serial No. CC727481

Concentration 800.0 ppm 253.0 ppm

CRM Serial No. CC727493 CC727498

Concentration 390.0 ppm 150.0 ppm

Analytical Method: NDIR

CC727496

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:

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

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.

DATE 10/19/2023	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY			
DATE TOTAL TOTAL				
NUMBER 230225				
EXPIRES 10/19/2025	, acting director			
EXI IIILO	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES			
	LAD 4 (DC 4			

MO 680-0771 (6-10)

LAB-4 (R6-10)



Date Expires 10/19/2025

Date Issued 10/19/2023