



## MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

#### ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

Complete this report in o	duplicate at the time	e of the regular monthly	preventative mainten	ance check, and w	henever instrument is repaired.
Send copy to Departmer	nt of Health and Sei	nior Services; retain origi	nal in department file	).	'
ALCO SENSOR IV SN 104642		NAME OF AGENCY O'Fallon PD	NAME OF AGENCY O'Fallon PD		TE OF INSPECTION -3-2022
LOCATION OF INSTRUMENT (					ME OF INSPECTION 234
CHECKLIST: Place a ma where determined.) Unm	ark in the box by eac arked items must b	h item if found to be satis e corrected before using	factory or if operating instrument.	within established	limits. (Write in observed values
✓ DIGITAL READOUT			***************************************		
▼ TEMPERATURE OF	ALCO SENSOR (	10°C - 40°C)			44 THE COUNTY OF STREET AND ADDRESS OF THE COUNTY OF THE C
PRINTER WORKING	G PROPERLY		7 100 70 100 100 100 100 100 100 100 100	9	
TIME AND DATE DI	SPLAYING PROPE	RLY		**************************************	
BREATH ALCOHOL AC	CURACY STANDA	RDS			
SIMULATOR SOLUT	TION		COMPRESSE	D ETHANOL-GAS	MIXTURE
✓ STANDARD SUPPL	IER Intoximeter	S L	<sub>.OT #</sub> AG115405	EXP. DATE _06	3-03-2023
SIMULATOR TEMPE	ERATURE (34°C ±	0.2°C) SI	M. SN	SIM. NIS	T EXP DATE
0.100% STAND. 0.080% STAND.	ARD - MUST READ ARD - MUST READ	e standard solution being D BETWEEN 0.095% and D BETWEEN 0.076% and D BETWEEN 0.038% and	d 0.105% INCLUSIVI d 0.084% INCLUSIVI		
TEST 1 <b>☞</b> 078		TEST 2 <b>☞</b> .078		теѕт з ☞ .077	
✓RFI DETECTOR OPE	ERATING			THE STATE OF THE S	
INDICATE THE NUMBER			G RANGES SINCE	THE LAST MAINTE	NANCE REPORT:
REFUSALS 0	(004) 0	(.0509)	(.1014) 0	(.1519) 1	(OVER .19) <b>0</b>
List any new parts and d established limits (use otl	escribe any alterati	on or modification that v		the instrument to o	perate satisfactorily and within
Adjust time (-4 minu		,,, 			
INSPECTING OFFICER		<b>.</b>			
SIGNATURE		334		Chris	Sinnokrak
TYPE II PERMIT NUMBER/EXPIRATION DATE 200307 / 12-21-2022				TELEPHONE NUMBER (636 )240-3200	
Return completed repor		lcohol Program, MO Derfax, or email.	partment of Health ar	nd Senior Services,	Southeast District Office
	<b>,</b> , , , , , , , , , , , , , , , , , ,				

A Common a Common and a common		Model Colores
AS IV Serial no: 104642 Version no: 532B	AS IV Serial no: 10464 Version no: 532B	2 AS IV Serial no: 104642 Version no: 532B
TEST RECORD 00985	TEST RECORD 00986	ZEST RECORD 66988
Temp Date Time 210L	Temp Date Time 21	*
Air Blank: 08/03/22 22:36 .000 Calibration Check: 22 08/03/22 22:36 .078	Air Blank: 08/03/22 22:38 .00 Calibration Check: 23 08/03/22 22:38 .07	12 88/83/22 22:41
Subject Name	Subject Mane	RFI
TEST 1	7557 2 Subject I.D.	Subject I.D.
Subject I.D.	V 1.00 0 0 00 00 0 00 0 0 0 0 0 0 0 0 0 0	Operator Name, I.D.
Operator Name, I.D.	Operator Name, I.D.	***************************************
SINDKAM 334 Location	Location 25	// Location
LOCACION		statement of the desiration is administrated as a first of the state o
of the control of the	distribution programment of the second of th	Manual Control of the
A Part Charles		
AS IV Serial no: 104642 Version no: 532B		AS IV Serial no: 104642
TEST RECORD 00987		Version no: 5323
s/ Temp Date Time 210L		TEST RECORD 00989
Air Blank:		Temp Date Time 210L
08/03/22 22:40 .000 Calibration Check: 24 08/03/22 22:40 .077		Air Blank: 08/03/22 22:43 .000 Subject Test: Auto
Subject Name		25 08/03/22 22:43 .000
TEST 3		Subject Name
Subject I.D.		Subject T. D.
Operator Name: I.D.		
STANGER 330 Location		Operator Name, I.D.

Location



#### STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



# PERMIT TYPE II

### **CHRIS SINNOKRAK**

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 EC/IR II

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.

DATE12/21/2020	winter
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER <b>200307</b>	
EXPIRES 12/21/2022	for Villen
	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R6-10)





#### 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: 7-Jun-2021

Lot # AG115405 Model 108cacd

Exp. Date 3-Jun-2023

Cyl. Type 108 <u>Component</u> Ethanol <u>Certified Concentration</u> 0.080 ± 0.002 BrAC (218 ppm)

Nitrogen

Balance

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

RGM Serial No.	Concentration
EB0010581	392.1 ppm
EB0010570	259.8 ppm
EB0010285	208.0 ppm
EB0010561	103.6 ppm
EB0010681	52.12 ppm

CRM Serial No.	Concentration
CC434668	800.0 ppm
CC234503	253.0 ppm

RGM Serial No.
EB0010603
EB0010559
EB0010595
EB0010562
EB0010579

00440	
CRM Serial No.	
0056649	
0056662	

393.0	ppm
258.2	ppm
208.3	ppm
104.2	ppm
52.81	
	• •

Concentration

Concentration 390.1 ppm 150.2 ppm

Analytical Method: NDIR

Digitally signed by Quality Control Date: 2021.06.08 13:46:01 -05:00 Reason: Dry gas standard certification of analysis Location: Airgas USA LLC (Lab)

Approved for Release:

Rod Marsala

ISO 17025:2017 A2LA accredited. Certificate Number 3082.06 ISO 17034:2016 A2LA accredited. Certificate Number 3082.07