

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

RECEIVED By Tracy Crews at 1:30 pm, Nov

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

Complete this report in d Send copy to Departmen		-	•		enever instrument is repaired.	
ALCO SENSOR IV SN 111647		NAME OF AGENCY NORMANDY POLICE DEPARTMEN			E OF INSPECTION /23/2022	
LOCATION OF INSTRUMENT (7700 NATURAL BRID		MANDY			e of inspection)7 am	
CHECKLIST: Place a ma where determined.) Unm				within established li	mits. (Write in observed values	
☐ DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)						
☐ TEMPERATURE OF ALCO SENSOR (10°C - 40°C)						
PRINTER WORKING	G PROPERLY					
☑ TIME AND DATE DIS	SPLAYING PROPE	RLY				
BREATH ALCOHOL AC	CURACY STANDA	RDS				
☐ SIMULATOR SOLUT	☐ SIMULATOR SOLUTION			☑ COMPRESSED ETHANOL-GAS MIXTURE		
☑ STANDARD SUPPL	STANDARD SUPPLIER INTOXIMETER LOT # AG127802 EXP. DATE 10/05/2023				05/2023	
☐ SIMULATOR TEMPE	ERATURE (34°C ±	0.2°C) S	IM. SN	SIM. NIST	EXP DATE	
☐ 0.100% STAND	ARD - MUST READ ARD - MUST READ	e standard solution bein D BETWEEN 0.095% ar D BETWEEN 0.076% ar D BETWEEN 0.038% ar	nd 0.105% INCLUSIVE nd 0.084% INCLUSIVE	E E		
TEST 1 .081		TEST 2 ■ .081		TEST 3 ☞ .080		
RFI DETECTOR OPE	ERATING					
INDICATE THE NUMBER (DO NOT INCLUDE SEL			NG RANGES SINCE	THE LAST MAINTE	NANCE REPORT:	
REFUSALS	(004)	(.0509)	(.1014)	(.1519)	(OVER .19)	
List any new parts and d established limits (use of			was made to restore	the instrument to op	perate satisfactorily and within	
INSPECTING OFFICER SIGNATURE	In M. J	325		PRINT NAME CPL. THOMAS N	м. MOORE #325	
TYPE II PERMIT NUMBER/EXPIRATI 220193/08-08-2024	ON DATE			(314) 385-3300		
Return completed repor		Icohol Program, MO De fax, or email.	epartment of Health a	nd Senior Services,	Southeast District Office	

AS IU Serial no: 111647 Version no: 532B

TEST RECORD 00391

210L Temp Date Time

Air Blank:

16/23/22 03:24 .000 Calibration Check: 21 10/23/22 03:24 .081

Subject Name

BAC MAINT

Subject I.D.

OPerator Name, I.D.

MODE 315 120193 Locat ion 7700 NATURAL BR RD

NORMANDY, MO 63121

210L AS IV Serial no: 111647 Version no: 532B 18/23/22 83:25 ,888 Subject Test: Man 22 18/23/22 83:25 ,881 TEST RECORD 00392 TEST RECORD - REPRINT Date Time Air Blank: Temp

Subject Name

MATION Subject I.D. BAC

MODRE 325 / 220 153 OPErator Name, I.D.

Location

TIOO NATURAL BR RD

NORMANDY, AD 63121

AS IV Serial no: 111647 Version not

Time 210L TEST RECORD 00393 Temp Date

Subject Test: Man 23 18/23/22 83:29 .888 18/23/22 83:29 . 868 Air Blank:

Subject Name

MAINT BAC

Subject I.D.

Operator Name, I.D.

220193 MOURE 325/ Location 7700 NATURAL BE RU

1002MANDE, NO 63121

Temp Date Time 210L AS IU Serial no: 111647 TEST RECORD 00394 12 10/23/22 03:31 Version no: UOID: RFI

BAC MAINT Subject Name

Subject I.D.

MOORE 325/ 22019 7700 NATURAL BR. RD OPerator Name, I.D. Location

WORMANDY, MO 63121



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-Oct-2021

Lot # AG127802 Model 108cacd

Exp. Date 5-Oct-2023 Cyl. Type 108

Component

Certified Concentration

 0.080 ± 0.002 BrAC (218 ppm) Ethanol

Nitrogen Balance

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

RGM Serial No.	Concentration	RGM Serial No.	Concentration
EB0010581	392.1 ppm	EB0010603	393.0 ppm
EB0010570	259.8 ppm	EB0010559	258.2 ppm
EB0010285	208.0 ppm	EB0010595	208.3 ppm
EB0010561	103.6 ppm	EB0010562	104.2 ppm
EB0010681	52.12 ppm	EB0010579	52.81 ppm

CRM Serial No.	<u>Concentration</u>	<u>CRM Serial No.</u>	<u>Concentration</u>	
CC434668	800.0 ppm	0056649	390.1 ppm	
CC234503	253.0 ppm	0056662	150.2 ppm	

Analytical Method:

NDIR

Digitally signed by Quality Control Date: 2021.10.05 18:55:05 -05:00 Reason: Dry gas standard certification of analysis Location: Airgas USA LLC (Lab)

Approved for Release:

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



MO 580-0771 (6-10)

STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



LAB-4 (R6-10)

PERMIT TYPE II

THOMAS M. MOORE

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

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections

DATE 8/8/2022	Wike Wassur
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 220193	Dadria
EXPIRES 8/8/2024	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES



577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES BREATH ALCOHOL PROGRAM

INSTRUMENT OPERATOR CARD

The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired all in Missouri.

Operator MOORE, THOMAS

Permit No 220193 Date Issued 8/8/2022

2 Date Expires 8/8/2024

