





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

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

REPORT #7

| AND DESCRIPTION OF THE PERSON |                                    |   |                                    |                               |                   |                               |  |
|---|------------------------------------|---|------------------------------------|-------------------------------|-------------------|-------------------------------|--|
| Complete this report in c<br>Send copy to Departmen   |                                    |   |                                    |                               | eck, and whene    | ever instrument is repaired   |  |
| ALCO SENSOR IV SN<br>035485   |                                    | PRINTER SN 099.3586.572   |                                    | DATE OF INSPECTION 09/27/2024 |                   |                               |  |
| LOCATION OF INSTRUMENT (<br>SCCPD / 101 Sheriff   | 6                                  |   | TIME OF 2:22                       | INSPECTION<br>am              |                   |                               |  |
|   |                                    |   |                                    |                               | established lin   | nits. (Write in observed val- |  |
| ues where determined.)  DIGITAL READOUT   |                                    |   | using instrument                   | l                             |                   |                               |  |
| ✓ TEMPERATURE OF  |                                    |   |                                    |                               |                   |                               |  |
| ✓ PRINTER WORKING   |                                    |   |                                    |                               |                   |                               |  |
| ☑ TIME AND DATE DI  |                                    | RLY   |                                    |                               |                   |                               |  |
| BREATH ALCOHOL AC   |                                    |   |                                    |                               |                   |                               |  |
| SIMULATOR SOLUT   |                                    |   | ✓ COMPRE                           | ESSED ETHAI                   | NOL-GAS MIX       | TURF                          |  |
| Z CTANDARD CURRU  | Intoximeters                       | LOT # AG407801 EXP. DATE 03/18/2026   |                                    |                               |                   |                               |  |
| STANDARD SUPPLI   |                                    |   |                                    |                               |                   |                               |  |
| ☐ SIMULATOR TEMPE   | ERATURE (34°C ±                    | 0.2°C)SIN   | JULATOR SN                         |                               | SIMULATOR E       | EXP DATE                      |  |
| 0.100% STANDA<br>0.080% STANDA  | ARD - MUST READ<br>ARD - MUST READ | e standard solution bein<br>D BETWEEN 0.095% ar<br>D BETWEEN 0.076% ar<br>D BETWEEN 0.038% ar | nd 0.105% INCLU<br>nd 0.084% INCLU | JSIVE<br>JSIVE                |                   |                               |  |
| TEST 1 🥗 .099   |                                    | TEST 2 ☞ .099   |                                    | TEST 3                        | TEST 3 ● .098     |                               |  |
| RFI DETECTOR OPE  | ERATING                            |   |                                    |                               |                   |                               |  |
| INDICATE THE NUMBER<br>(DO NOT INCLUDE SEL  |                                    |   | IG RANGES SIN                      | NCE THE LAS                   | T MAINTENAN       | ICE REPORT:                   |  |
| REFUSALS  | (004)                              | (.0509)   | (.1014)                            | 1 (.151                       | 9) 1              | (OVER .19)                    |  |
| List any new parts and de established limits (use oth   |                                    |   | was made to res                    | store the instru              | iment to operat   | te satisfactorily and within  |  |
| NSPECTING OFFICER   | 2 July 1                           | 7 -   | THE ST                             |                               | Mr.               |                               |  |
| SIGNATURE DO  | 0 /                                | 1161  |                                    | Michae                        | :<br>I Kavanaugh  |                               |  |
| TYPE II PERMIT NUMBER/EXPIRATION 230017 Exp: 01/31/202  |                                    |   |                                    | (636) 9                       | NUMBER<br>49-3000 |                               |  |
| Return completed report   | 2875 Jar                           | cohol Program, MO De<br>nes Boulevard<br>uff, MO 63901  | partment of Heal                   |                               |                   | heast District Office         |  |

Air Blank: 09/27/24 02:23 .000 Calibration Check: 22 09/27/24 02:23 .099 Subject I.D.

Maint. Check

Operator Name, I.D.

PO Kavanaugh St. Charks County AS IV Serial no: 035485 Version no: 532B TEMP Date Time 2161 TEST RECORD 08410 Subject Name

Test 1.B.

Subject 1.B.

Maint, Check

Operator Name, 1.B.

No Kannangh Temp Date Time 2161 AS IV Serial no: 035485 Version no: 532B Air Blank: 09/27/24 02:25 .000 Calibration Check: 23 09/27/24 02:25 .099 St. Charles County TEST RECORD 88411 Air Blank: 69/27/24 82:27 .000 Calibration Check: 23 89/27/24 82:27 .098 Subject I.D.

Maint, Check

Operator Hame, I.D.

Location

St. Charles County AS IV Serial no: 035485 Version no: 532B Subject Name

7est 3 Temp Date Time 2101 TEST RECORD 80412

AS IV Serial no: 035485 Version no: 532B TEST RECORD 00413

UOID: RFI 12 69/27/24 62:30 Temp Date Time 2101

Subject Name
Test 4 RFT
Subject I.D.
Maint Check
Operator Name: I.D.
No Kavanagh
Location

St. Charles County



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-Mar-2024

Lot # AG407801 Model 108

Exp Date 18-Mar-2026 Cyl. Type 108 **Component** Ethanol

ent Certified Concentration 0.100 ± 2% BrAC (272 ppm)

Nitrogen

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     |

RGM Serial No. EB0010603 EB0010559 EB0010562 EB0010579

Concentration 392.5 ppm 258.9 ppm 104.2 ppm 52.94 ppm

CRM Serial No. CC727481 CC727496

Concentration 799.4 ppm 253.4 ppm CRM Serial No. CC727493 CC727498

Concentration 389.8 ppm 150.2 ppm

Analytical Method: NDIR

Digitally signed by:Quality Control Reason:Dry gas standard certification of analysis Location:Atrgas USA LLC (Lab) Date:03.22.2024 07:50

Approved for Release:

Yusef Woods

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

# MICHAEL KAVANAUGH

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 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 1/31/2023

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

EXPIRES 1/31/2025

MO 580-0771 (8-19)

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

CAB-4 (R6-10)



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

Operator KAVANAUGH, MICHAEL Parmit No 230017

Date issued 1/31/2023

Date Expires 1/31/2025

