





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

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

REPORT #7

| Complete this report in duplicate at the tin<br>Send copy to Department of Health and Se  |   |                       |                                 | I whenever instrument is repaired    |  |  |  |
|---|---|-----------------------|---------------------------------|--------------------------------------|--|--|--|
| ALCO SENSOR IV SN<br>043580   | PRINTER SN<br>84.9324.045                                   |                       |                                 | DATE OF INSPECTION 09/29/2024        |  |  |  |
| LOCATION OF INSTRUMENT (STREET AND CITY) SCCPD / 101 Sheriff Dierker Court, O   | 'Fallon, Missouri 63360                                     | 6                     |                                 | TIME OF INSPECTION 6:21 am           |  |  |  |
| CHECKLIST: Place a mark in the box by e ues where determined.) Unmarked items n   |   |                       | ing within establis             | shed limits. (Write in observed val- |  |  |  |
| DIGITAL READOUT (ALL ELEMENTS   | =======================================                     |                       |                                 |                                      |  |  |  |
| ✓ TEMPERATURE OF ALCO SENSOR  | (10°C - 40°C)   |                       |                                 |                                      |  |  |  |
| PRINTER WORKING PROPERLY  |   |                       |                                 |                                      |  |  |  |
| ☑ TIME AND DATE DISPLAYING PROP   | ERLY  |                       |                                 |                                      |  |  |  |
| BREATH ALCOHOL ACCURACY STAND   | ARDS  |                       |                                 |                                      |  |  |  |
| SIMULATOR SOLUTION  |   | ☑ COMPRESSE           | ED ETHANOL-GA                   | IS MIXTURE                           |  |  |  |
| STANDARD SUPPLIER Intoximeters  |   | _OT # AG407801        | EXP. DATE                       | 03/18/2026                           |  |  |  |
| SIMULATOR TEMPERATURE (34°C ±   | 0.2°C) SIM  | IULATOR SN            | SIMUL                           | ATOR EXP DATE                        |  |  |  |
| 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 1 • .097   | TEST 2 🖝 .097   |                       | TEST 3 🖝 0.09                   | 96                                   |  |  |  |
| ☑ RFI DETECTOR OPERATING  |   |                       |                                 |                                      |  |  |  |
| INDICATE THE NUMBER OF BREATH TE<br>(DO NOT INCLUDE SELF-ADMINISTERE  |   | G RANGES SINCE        | THE LAST MAIN                   | TENANCE REPORT:                      |  |  |  |
| REFUSALS 0 (004) 0  | (.0509)   | (.1014) 0             | (.1519)                         | 0 (OVER .19) 0                       |  |  |  |
| List any new parts and describe any alteratestablished limits (use other side if necessatestablished limits)  | ion or modification that v                                  |                       |                                 |                                      |  |  |  |
| INSPECTING OFFICER  |   |                       |                                 |                                      |  |  |  |
| SIGNATURE 67  | 1   |                       | PRINT NAME Kaltenbach, Da       | ane                                  |  |  |  |
| TYPE II PER 7T NUMBER/EXPIRATION DATE 230104/ 05/30/2025  |   |                       | TELEPHONE NUMBER (636) 949-3000 | )                                    |  |  |  |
| 2875 Ja   | llcohol Program, MO Dep<br>mes Boulevard<br>lluff, MO 63901 | partment of Health ar | nd Senior Services              | s, Southeast District Office         |  |  |  |



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

n

Lot # AG407801 Model 108

Exp Date 18-Mar-2026 Cyl. Type 108

**Component** Ethanol **Certified Concentration** 

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     |                | ·  p          |

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:Airgas 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

### DANE KALTENBACH

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.

| DATE | - 5/ |
|------|------|

5/30/2023

NUMBER 230104

EXPIRES 5/30/2025

MO 580 0771 (6:10)

Mile Massur

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Daves J. McBelson

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB 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 alr in Missouri.

Operator

KALTENBACH, DANE

Permit No 230104 Date Issued 5/30/2023

Date Expires 5/30/2025



| ## To Serval not North 1978  ### Bate Time 2181  12 89/29/24 86:31  Subject Name  TEST  Subject I.D.  RFI  Degrator Name  TEST  Subject I.D.  RFI  Subject I.D.  RFI  Subject I.D.  RFI  Subject I.D.  RFI  Subject I.D.  SCCPD  |  |
|--|--|
| Merium no: 843588  Whrite no: 843588  TEST RECORD 88786  Pir Blank: 89/29/24 86:27 89: Subject L.D.  ##3  Grerator Name ##3  Catabach / 230104  Location SCCPD   |  |
| As IV Serial no: 845589 Version no: 5337 TEST RECORD 86785 First Blank: 89/29/24 86:25 882 Calibration Check! 22 89/29/24 86:25 882 Calibration Check! TEST Subject I.D. #2 Orerator Name, I.D. Keltenbach /230104 Ication SCCPD |  |
| AS IV Serial no: 81,586 Version no: 5320 TEST RECORD 63784 Rir Blank: 89/29/24 66:24 .888 Calibration Check: 22 83/29/24 86:24 .997 Subject Name FEST  Subject I.D. #   Deerator Name I.D. Kaltenbuch / 230104 Location Sccop    |  |

(8 IV Serial not 047506 Version not 5922 TEST PICCRU 20789

Town Date Time I'm

For Bland:

TEST

Nect L.U.

SELF

Operator Name: I.D.

Kaltenbach /230104

SCCPD