

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICE PUBLIC HEALTH LABORATORY STATE PUBLIC HEALTH LABORATORY

By Tracy Crews at 2:13 pm, Aug 28, 2024

ALCO-SENSOR IV WITH PRINTER MAINTENAN

Complete this report in	dualisate at the tim	o of the regular m	anthly proventative mainte		
			ain original in department fi		enever instrument is repaired
ALCO SENSOR IV SN 087959		PRINTER SN 210639922			OF INSPECTION /28/2024
LOCATION OF INSTRUMENT (STREET AND CITY) SCCPD / 101 Sheriff Dierker Court, O'Fallon, Missouri 63366					OF INSPECTION:25 am
CHECKLIST: Place a mues where determined.)				ting within established	limits. (Write in observed val-
DIGITAL READOUT			before using instrument.		
TEMPERATURE OF	- ALCO SENSOR (10°C - 40°C)			
PRINTER WORKIN	G PROPERLY				
☑ TIME AND DATE DI	SPLAYING PROPE	RLY			
BREATH ALCOHOL AC	CURACY STANDA	RDS			
☐ SIMULATOR SOLU	TION		☑ COMPRESS	ED ETHANOL-GAS M	IIXTURE
☑ STANDARD SUPPL	IER Intoximeters		LOT # AG407801	EXP. DATE 03/	18/2026
☐ SIMULATOR TEMPI	ERATURE (34°C ±	0.2°C)	SIMULATOR SN	SIMULATO	R EXP DATE
0.100% STAND 0.080% STAND	ARD - MUST READ ARD - MUST READ	BETWEEN 0.09 BETWEEN 0.07	n being used. (PRINTOUT 5% and 0.105% INCLUSIN 6% and 0.084% INCLUSIN 8% and 0.042% INCLUSIN	'E 'E	
TEST 1 ☞ .103		TEST 2 ● .102		TEST 3 ● .103	
RFI DETECTOR OPE	ERATING				
			OWING RANGES SINCE	THE LAST MAINTEN	IANCE REPORT:
(DO NOT INCLUDE SEL	.F-ADMINISTERED 	IESIS)	T	Ĩ	î
REFUSALS	(004)	(.0509)	(.1014)	(.1519)	(OVER .19)
			n that was made to restore	the instrument to ope	erate satisfactorily and within
established limits (use oth	her side if necessar	y).			
INSPECTING OFFICER BIGNATURE		TN TO THE		PRINT NAME	No. of the last
M ₁	L		1161	M. Kavanaugh	
TYPE II PERMIT NUMBER/EXPIRATI 230017 exp: 01/31/202				TELEPHONE NUMBER (636) 949-3000	
Return completed repor	2875 Jar	nes Boulevard	NO Department of Health a	nd Senior Services, So	outheast District Office
	Donlar D	LIFE MO 62001			

AS IV Serial no: 087959 Version no: 5328	TEST RECORD 00548 Temp Date Time 210t	Air Blank; 08/28/24 11:26 .000 Calibration Check; 27 08/28/24 11:25 103	Subject Name Jost 1 Subject 1:D Check	Perator Name 1.D. Kavanavgh 1161 Location St. Charles County	9
<>	F- 1	≪ ()			1

AS IV Serial no: 087959 Version no: 5328 TEST RECORD 00550 Temp Date Time 210L	00.00 00.00 00.00	Subject Name Test 3 Subject 1.D. Maint, Check	St. Charles County
AS 1V Serial no: 087959 Version no: 5328 TEST RECORD 00549	Temp Date Time 2101. Air Blank; Air Blank; Calibration Check; Calibration Check;		Operator Name. T.D. Po Kavanaugh 1161. Location St. Chacles Court

TEST RECORD 00550

AS 1V Serial no: 087959

Air Blank: 24 11:32 000

Calibration Check: 28 08/28/24 11:32

Subject Name

Subject Name

Operator Name: 1.D.

Mint Check: 08/28/24 11:35

Subject I.D.

Subject Name

Operator Name: 1.D.

Coetion

Operator Name

Oper



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

Certified Concentration

Nitrogen

0.100 ± 2% BrAC (272 ppm)

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

EB0010603	392.5 ppm
EB0010559	258.9 ppm
EB0010562	104.2 ppm
EB0010579	52.94 ppm
	EB0010562

CRM Serial No. Concentration CRM Serial No. Concentration CC727481 799.4 ppm CC727493 389.8 ppm CC727496 253.4 ppm CC727498 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

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	Mile Mason
NUMBER 230017	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
EXPIRES 1/31/2025	Daven J. McCoolson
D 580-0771 (8-19)	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (RG-10)



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 elcohol instrument for the determination of the alcoholic content in breath form of expired at in Missourt.

KAVANAUGH, MICHAEL

Parmit No 230017

Date issued 1/31/2023 Date Expires 1/31/2025

