



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 time Send copy to Department of Health and Sen				d whenev	ver instrument is	repaired.
ALCO SENSOR IV SN 087977	NAME OF AGENCY St. Louis County Police Departmen		nt	DATE OF 06/29/2	INSPECTION 2024	
LOCATION OF INSTRUMENT (STREET AND CITY) 232 Vance Rd				TIME OF I 6:04 pr	INSPECTION M	
CHECKLIST: Place a mark in the box by each			ng within establish			ed values
where determined.) Unmarked items must be		instrument.	·			
DIGITAL READOUT (ALL ELEMENTS C	PERATIONAL)	*		:		
☑ TEMPERATURE OF ALCO SENSOR (1	0°C - 40°C)					
☑ PRINTER WORKING PROPERLY		·			<u> </u>	
☑ TIME AND DATE DISPLAYING PROPE	RLY					
BREATH ALCOHOL ACCURACY STANDA	RDS					
☐ SIMULATOR SOLUTION		☑ COMPRESS	SED ETHANOL-G	AS MIXT	URE	
☑ STANDARD SUPPLIER Intoximeters	L	OT # <u>AG332001</u>	EXP. DATE 11/16/2025			
☐ SIMULATOR TEMPERATURE (34°C ± 0	0.2°C) SIN	И. SN	SIM. I	NIST EXP	P 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 ☞ .101	TEST 2 ★ .101		TEST 3 .10	01		
☑ RFI DETECTOR OPERATING						
INDICATE THE NUMBER OF BREATH TES (DO NOT INCLUDE SELF-ADMINISTERED		G RANGES SINCI	E THE LAST MAI	NTENAN	ICE REPORT:	
REFUSALS 0 (004) 0	(.0509) 0	(.1014) 0	(.1519)	0	(OVER .19)	0
List any new parts and describe any alterati established limits (use other side if necessar		vas made to restor	e the instrument	to operat	te satisfactorily a	and within
INSPECTING OFFICER SIGNATURE			PRINT NAME			
signature 3072		Sgt. D. Estrada, #3072				
TYPE II PERMY NUMBER/EXPIRATION DATE 230059 04/02/2025		TELEPHONE NUMBER (636) 529-8210				
Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office by mail, fax, or email.						

TEST	RECORI	005	_
Temp I)ate	Time	9/ 210L
Air Blar	ık: 29/24 1	0 • 0/4	000
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TEST	RECORD	005	
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Air Blan			000
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g <u>t À , E</u> Location	711 <i>24</i>	7 <u>e</u> c	01-
Location 7147	ct	e dad and the second way as	Service angular ran a resident
237	Vau	C-F	

AS IV Serial no: 087977

Version no: 532B

AS IV Serial no: 087977
Version no: 532B

TEST RECORD 00566

Year Date Time 210L

Air Blank: 06/29/24 18:07 .000
Calibration Check: 22 06/29/24 18:07 .101

Subject Name

Subject I.D.

What Operator Name, I.D.

Jocation

Jh Pot

Version no: 532B

TEST RECORD 00568

Temp Date Time 210L

VOID: RFI
12 06/29/24 18:11

Subject Name

RFI

Subject I.D.

NA

Operator Name, I.D.

Latradactation

J.M. Put

AS IV Serial no: 087977



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: 16-Nov-2023

Lot # AG332001 **Model** 108

Exp Date

16-Nov-2025

Cyl. Type

Component

Certified Concentration

108

Ethanol Nitrogen 0.100 ± 2% BrAC (272 ppm)

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

RGM Serial No. EB0010581 EB0010570 EB0010285 EB0010561 EB0010681	Concentration 391.8 ppm 259.8 ppm 209.0 ppm 103.7 ppm 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.	Concentration	CRM Serial No.	Concentration

CC727481

CC727496

799.4 ppm 253.4 ppm CC727493 CC727498

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:11.20.2023 17:28

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

DAWN M. ESTRADA

by authorized to instruct and supervise operators, train instructors, inspect, callbrate, perform field service and repairs, service the following breath analyzer(s):

ALCO-SENSOR IV WITH PRINTER, INTOX DMT

determination of the alcoholic content of blood from a sar 20 through 577.041, RSMo and 306.111 through 506.119	hple of expired air. Perhitissued under the provisions of sections.
	Mike Magnen
4/2/2023	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
ER 230059	Daven I. nichelyon
ES 4/2/2025.	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES LAB-4 (RB-10)