	EPARTMENT OF	HEALTH AND SENIOR	R SERVICES		`
[N ()] ()] () [()] (PRINTER MAINT	ENANCE REPOR	T 7024	REPORT #7
Complete this report in duplicate at the time of the regular monthly preventative maintenance check, as henever instrument is repaired.					
ALCO SENSOR IV SN	*	NAME OF AGENCY	ENDENCE P	J, Aug	TE OF INSPECTION
LOCATION OF INSTRUMENT (ST	i India	man PD	INDEPENDO	ENG 6	OS O
CHECKLIST: Place a mark in the box by each item if found to be satisfactory or if operating withir where determined.) Unmarked items must be corrected before using instrument.					
DIGITAL READOUT (A	ALL ELEMENTS (PERATIONAL)		s at	
TEMPERATURE OF A	ALCO SENSOR (1	0°C - 40°C)		/ED	
PRINTER WORKING	PROPERLY	÷		RECEIVED By Tracy Crev	
TIME AND DATE DISF	PLAYING PROPE	RLY		CEIV Tracy	
BREATH ALCOHOL ACC	URACY STANDA	RDS		~ %	
☐ SIMULATOR SOLUTION	ON		COMPRESSE		MIXTURE
STANDARD SUPPLIE	R IN Tox	METER	LOT # A63116	وک EXP. DATE _	4/26/2025
☐ SIMULATOR TEMPERATURE (34°C ± 0.2°C) SIM. SN SIM. NIST EXP DATE					
Run three tests using a standard solution. All three tests must be within ±5% of the standard value and must have a spread of .005 or 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 - 09	9	TEST 2 🖝	100	TEST 3 🖝	,100
RFI DETECTOR OPER	RATING		·		
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: (DO NOT INCLUDE SELF-ADMINISTERED TESTS)					
REFUSALS ((004)	(.0509)	(.1014)	(.1519)	(OVER .19)
List any new parts and des established limits (use othe			was made to restore	the instrument to	operate satisfactorily and within
INSPECTING OFFICER					
SIGNATURE		148	'2	PRINT NAME BPE77	SCHMIDGE
TYPE II PERMIT NUMBER/EXPIRATION	N DATE 84	4/2/2026	F .	TELEPHONE NUMBER	SCHMIDU 25-7300
Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office by mail, fax, or email.					

AS IV Serial no: 102455 Version no: 532B TEST RECORD 00384 Date Time 210L VOID: RFI 12 08/04/24 01:37 Subject Name TETT 4 D. SCHNIDY Operator Name, I.D. 14609 E Thomas RD MAINTENANCE

AS IV Serial no: 102455 Version no: 532B TEST RECORD 00382 Date 210L Time Air Blank: 08/04/24 01:35 .000 Calibration Check: 25 08/04/24 01:35 .100 Subject Name 7E57

Subject I.D. B. SCHMIDG Operator Mame, I.D. E TRoman PD 14609

MAINTENANCE

AS IV Serial no: 102455 532B Version nos TEST RECORD 00381 Time Date 210L Air Blank: 08/04/24/01:33 .000 Calibration Check: 24 98/04/24 01:83 .100 Subject Name 1E57 2 15 SCHM104 740084 Operator Name, I.D. 14604 & Towns & BS Location

MAINTENANCE

Operator Name: CHMIDE

MAIN TEWAWCE

4609 E TRANSH



Airgas USA LLC (LAB) 3500 Bernard Street St. Louis, Mo. 63103 Ph: (314) 533-3100 Fax: (314) 533-7328

Certificate of Analysis

Test Date: 26-Apr-2023

Customer Name Exclusive Supplier Intoximeters, Inc. 2081 Craig Road St. Louis, Mo 63146

Lot # AG311602 Model 108

Exp Date 26-Apr-2025 Cyl. Type 108 Component Ethanol

Nitrogen

Certified Concentration 0.100 ± 2% BrAC (272 ppm)

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	Goncentration 392.5 ppm 258.9 ppm 104.2 ppm 52.94 ppm
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CRM Serial No.	Concentration	CRM Serial No.	Concentration
CG727481	800.0 ppm	CC727493	390.0 ppm
CC727496	253.0 ppm	CC727498	150.0 ppm

Analytical Wethod: NDIR

Digitally signed by: Quality Control Reason: Dry ges standard certification of analysis Location: Argas USA LLC (Leb) Dato: 04.26.2023 16:51

Approved for Release: ____

Rod Marsala

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

BRETT SCHMIDLI

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, INTOXILYZER 8000

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 4/2/2024	Mike Massur			
DATE 4/2/2024	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY			
NUMBER 240084	Daves I. nichelson			
EXPIRES 4/2/2026	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES			
MO 580-0771 (6-10)	LAB-4 (R6-1			



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 Microsuri.

Operator SCH

SCHMIDLI, BRETT

Permit No 240084 Date Issued 4/2/2024

Date Expires 4/2/2026

