

# MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES

REPORT #7

STATE PUBLIC HEALTH LABORATORY ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

Send copy to Department	of Health and Seni	or Services; retain origin	al in department file			er instrument is repaired.	
ALCO SENSOR IV SN  1 0 2 455  LOCATION OF INSTRUMENT (STREET AND CITY)  1 9 6 0 9 E TROP		NAME OF AGENCY	DENCE PD		DATE OF	NSPECTION 02/2 24	
LOCATION OF INSTRUMENT (S	TREET AND CITY	now Road	INDEFENT	DEWCE, NO	TIME OF I	NSPECTION 46	
CHECKLIST: Place a mark in the box by each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unmarked items must be corrected before using instrument.							
☐ DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)							
TEMPERATURE OF ALCO SENSOR (10°C - 40°C)							
PRINTER WORKING	PROPERLY						
TIME AND DATE DIS	PLAYING PROPER	RLY					
BREATH ALCOHOL ACC	URACY STANDAR	RDS		1			
☐ SIMULATOR SOLUT	ION		COMPRESSE	D ETHANOL-GA	AS MIXT	URE	
STANDARD SUPPLI	ER IMPOXIN	ETERS L	от# <u></u> <i>АG3116</i> 0	<sup>2</sup> EXP. DATE	4/-	26/2025	
SIMULATOR TEMPE	RATURE (34°C ± 0	.2°C) SIM	Л. SN	SIM. N	IIST EXF	P DATE	
0.080% STANDARD - MUST READ 0.040% STANDARD - MUST READ		BETWEEN 0.095% and 0.105% INCLUSIV BETWEEN 0.076% and 0.084% INCLUSIV BETWEEN 0.038% and 0.042% INCLUSIV TEST 2 / / 0 4		E			
INDICATE THE NUMBER (DO NOT INCLUDE SEL			G RANGES SINCE	THE LAST MAI	NTENAN	CE REPORT:	
REFUSALS	(004)	(.0509)	(.1014)	(.1519)		(OVER .19)	
	escribe any alteration	on or modification that v		<del></del>	to operat	e satisfactorily and within	
INSPECTING OFFICER				PRINT NAME			
/				BRETT	SCHI	MIDH	
TYPE II PERMIT NUMBER/EXPIRATI	ON DATE			TELEPHONE NUMBER 818-325-7300		00	
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

TEST RECORD 00399

12 10/02/24 10:52

Bubject Name

MONTHL9

Subject I.D.

BSUMBU

Operator Name, I.D. 740084

14609 E TRAMAN 20

AS IU Serial no: 102455

Temp Date Time 210L

10/02/24 10:50 .000

Calibration Check:

21 10/02/24 10:50 .104

Subject Name

MAWTHICY

B Schmide

Operator Name, I.D.

740084

Location 14609 E Mange

AS IV Serial no: 102455 dersion no: 532B

TEST RECORD 00397

9/ Time 210L Temp Date

Air Blank:

10/02/24 10:48 .000

Calibration Check:

20 10/02/24 10:48 .104

Monthly TEST

Decrator Name, I.D.

240684

AS IV Serial no: 102455 Version no: 532B

TEST RECORD 00396

Date Time 210L Temp

10/02/24 10:46 .000

Calibration Check:

19 10/02/24 10:46 .104

Subject Name

MON2714 7EST

Subject I.D.

B. Sch WIDG

Operator Name, I.D.

240084

Location

14609 E TUM



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: 26-Apr-2023

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

CRM Serial No.
CC727481
CC727496

Concentration mqq 0.008 253.0 ppm

CRM Serial No. CC727493 CC727498

Concentration 390.0 ppm 150.0 ppm

Analytical Method: NDIR

Digitally algued by: Quality Control Reason: Dry gas standard cartification of analysis Location: Algas USA LLO (Lab) Onto: 04.26.2023 16:51

Approved for Release:

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

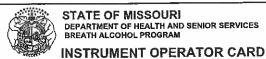
for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

Mile Massure

1/2/2024

DATE4/2/2024	/ (Ne / lassure				
DATE 4/2/2024	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY				
NUMBER 240084	Davla I. Nichselson				
EXPIRES 4/2/2026	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES				
SAN EON ATTY (O 4N)	LAB-4 (Re				

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 at in Missouri.

Operator SCHMIDLI, BRETT

Permit No 24008

Date Issued 4/2/2024 Date Expires 4/2/2026

