

By Tracy Crews at 8:45 am, Jul 08, 2024



## 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 tim Send copy to Department of Health and Se	e of the regular monthly nior Services; retain orig	preventative mainten inal in department file	ance check, and whe	never instrument is repaired.	
ALCO SENSOR IV SN 104641	NAME OF AGENCY O'Fallon PD	784144.451.761.1414.44		OF INSPECTION 2024	
LOCATION OF INSTRUMENT (STREET AND CITY) 1019 Bryan Road, O'Fallon, MO	40, W <sub>1</sub> - 11, 11, 11, 11, 11, 11, 11, 11, 11, 1		OF INSPECTION		
CHECKLIST: Place a mark in the box by each where determined.) Unmarked items must be	ch item if found to be satis	sfactory or if operating	within established lim	its. (Write in observed values	
✓ DIGITAL READOUT (ALL ELEMENTS		, instrument.			
▼ TEMPERATURE OF ALCO SENSOR (					
	10 0 40 0)				
PRINTER WORKING PROPERLY					
TIME AND DATE DISPLAYING PROPERTY STANDA					
	IND3				
SIMULATOR SOLUTION ✓ COMPRES			SED ETHANOL-GAS MIXTURE		
STANDARD SUPPLIER Intoximeters, Inc. LOT # AG310305 EXP. DATE 04-13-2025					
SIMULATOR TEMPERATURE (34°C ±	0.2°C) SI	M. SN	SIM. NIST E	XP DATE	
less. Check the box corresponding to the 0.100% STANDARD - MUST REAL 0.080% STANDARD - MUST REAL 0.040% STANDARD - MUST REAL	D BETWEEN 0.095% and BETWEEN 0.076% and	d 0.105% INCLUSIVE d 0.084% INCLUSIVE	:		
TEST 1 <b>₹</b> .079	TEST 2 <b>▼</b> .079		теѕт з ☞ .078		
✓RFI DETECTOR OPERATING					
INDICATE THE NUMBER OF BREATH TES (DO NOT INCLUDE SELF-ADMINISTERED	STS IN THE FOLLOWIN TESTS)	G RANGES SINCE 1	THE LAST MAINTEN	ANCE REPORT:	
REFUSALS 0 (004) 0	(.0509)	(.1014) 0	(.1519) 0	(OVER .19) 0	
List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary).					
N/A	<b>3</b> /·				
				7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
	***************************************				
INSPECTING OFFICER			teal		
SIGNATURE			PRINT NAME Chris Sinnokrak		
TYPE II PERMIT NUMBERIEXPIRATION DATE 240006	i	TELEPHONE NUMBER (636 )240-3200			
Return completed report to the: Breath A by mail,	Icohol Program, MO Dep fax, or email.			utheast District Office	
				1	

AS IV Serial no: 184641 AS IV Serial no: 184641 Version no: 532B Version no: 532B AS IU Serial no: 184641 TEST RECORD 01513 TEST RECORD 01514 Version no: 532B 9/ Temp Date Time 210L Temp Date Time 210L TEST RECORD 01512 9/ Air Blank: Air Blank: Temp Date Time 210L 07/05/24 14:50 .000 07/05/24 j4:52 .000 Calibration Check: Air Blank: 07/05/24 14:48 .000 Calibration Check: 21 07/05/24 14:48 .079 Calibration Check: 22 07/05/24 14:50 .079 23 07/05/24 14:52 .078 Subject Name Deerator Name, I.D.
SINVOLEMA 334 Subject Name TEST2 Subject I.D. Subject I.D. Location Operator Name, I.D. Operator Name, I.D. MNCKPAK SIMVOLPAK 334 Location Location AS IV Serial no: 104641 AS IV Serial no: 104641 Version no: 532B Version no: 532B TEST RECORD 01515 TEST RECORD 01516 Short Temp Date Time 210L Temp Date Time 210L VOID: RFI Air Blank: 12 07/05/24 14:54 07/05/24 14:56 .000 Subject Test: Auto Sub ject Name 24 07/05/24 14:56 .000 Subject Name Subject I.D. Subject I.D. Operator Name, I.D. Operator Name: I.D. Location Location



#### STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES **BREATH ALCOHOL PROGRAM** 



# PERMIT TYPE II

#### **CHRIS SINNOKRAK**

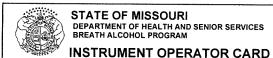
is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

### 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.

DATE1/8/2024	Mike Wasson		
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY		
NUMBER <b>240006</b>			
EXPIRES 1/8/2026	Daves I. Nechelson		
NO 580-0771 (6-10)	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 air in Missouri.

Operator SINNOKRAK, CHRIS Permit No 240006

Date Issued 1/8/2024 Date Expires 1/8/2026





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: 18-Apr-2023

Lot # AG310305 Model 108

**Exp Date** 13-Apr-2025 Cyl. Type 108

Component

Certified Concentration

Ethanol

Nitrogen

 $0.080 \pm 0.002$  BrAC (218 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
EB0010561 EB0010681	103.7 ppm 52.22 ppm	EB0010579	52.94 ppm

CRM Serial No.

Concentration 800.0 ppm

**CRM Serial No.** 

Concentration

CC727481 CC727496

253.0 ppm

CC727493 CC727498 390.0 ppm 150.0 ppm

Analytical Method: NDIR

Digitally signed by:Quality Control Reason:Dry gas standard certification of analysis Location:Airgas USA LLC (Lab) Date:04.19.2023 17:13

Approved for Release:

ISO 17025:2017 A2LA accredited. Certificate Number 3082.06 ISO 17034:2016 A2LA accredited. Certificate Number 3082.07