

## MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

# RECEIVED By Tracy Crews at 7:44 am, Jun 13, 2024

#### ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

-266 Ch-					
Complete this report in d Send copy to Departmen					whenever instrument is repaired.
ALCO SENSOR IV SN		NAME OF AGENCY St. Louis Co	unty Police		DATE OF INSPECTION 06/11/2024
LOCATION OF INSTRUMENT (S MODOT TMC 143	orty Road			TIME OF INSPECTION 16:41	
CHECKLIST: Place a mawhere determined.) Unma	•			within establishe	ed limits. (Write in observed values
DIGITAL READOUT					
✓ TEMPERATURE OF	ALCO SENSOR (1	0°C - 40°C)			
PRINTER WORKING	PROPERLY		-	,	
TIME AND DATE DIS	SPLAYING PROPE	RLY			
BREATH ALCOHOL AC	CURACY STANDA	RDS			
SIMULATOR SOLUT		COMPRESSED ETHANOL-GAS MIXTURE			
STANDARD SUPPLI	ER Intoximeter	<u>s</u> լ.	OT # AG321505 EXP. DATE 08/03/2025		
SIMULATOR TEMPERATURE (34°C ± 0.2°C) SII			И. SN	SIM. NIST EXP DATE	
0.080% STAND	ARD - MUST READ	D BETWEEN 0.095% and D BETWEEN 0.076% and D BETWEEN 0.038% and	d 0.084% INCLUSIV	E	·
TEST 1 <b></b> 098		TEST 2 • .099		TEST 3 <b>▼.</b> 099	
✓ RFI DETECTOR OPE	ERATING				
INDICATE THE NUMBER			G RANGES SINCE	THE LAST MAIN	ITENANCE REPORT:
refusals 0	(004)	(.0509)	(.1014)	(.1519) <b>C</b>	) (OVER .19) 0
List any new parts and d established limits (use oth	escribe any alterati	on or modification that w	<u> </u>		o operate satisfactorily and within
					·
INSPECTING OFFICER SIGNATURE				PRINT NAME	
TYPE II PERMIT NUMBER/EXPIRATION DATE 240128 / 05/29/2026				PO Tosie DSN 4553	
TYPE II PERMIT NUMBER/EXPIRATI	<sup>24012</sup>	(636 )529-8210			
Return completed repor		lcohol Program, MO Dep fax, or email.	partment of Health a	nd Senior Service	es, Southeast District Office

TEST RECORD COMMON
TEST RECORD COMMON
Temp Date Time 2006

Temp Date Tim

AS IV Serial not 108388
Version no: 532B

TEST RECORD 00870

Temp Date Time 210L

Air Plank: 06/11/24 16:42 .000
Calibration Check: 77 06/11/24 16:42 .000

Subject Name
PST #2

Subject I.D.

NA

Georator Name

Fig. 10584 2550

Version not 1100000
Version not 5320

Tree Date Time 2700.

Union RAT

WE GOVILY24 16:46

Outsiect Name

NA

Operator Name 1.0.

No Joseph Jose

Location

Moyof JMC



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: 3-Aug-2023

**Lot #** AG321505 **Model** 108

**Exp Date** 3-Aug-2025 Cyl. Type

Component

**Certified Concentration** 

108

Ethanol Nitrogen  $0.100 \pm 2\%$  BrAC (272 ppm)

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

**RGM Serial No.** Concentration EB0010581 maa 8.188 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 800.0 ppm 253.0 ppm

**CRM Serial No.** CC727493 CC727498

Concentration

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:08.03.2023 17:58

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 ROBERT TOSIE

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 DMT

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 Massini DATE \_\_\_\_5/29/2024\_ DIRECTOR OF STATE PUBLIC HEALTH LABORATORY Daves J. Michaelson

NUMBER 240128 EXPIRES 5/29/2026\_\_

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R6-10)

MO 580-0771 (8-10)



The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired a

Operator TOSIE, ROBERT Permit No

Date Expires 5/29/2026

