



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

Complete this report in duplic Send copy to Department of	cate at the time of t Health and Senior S	he regular monthly Services; retain orig	preventative maintena inal in department file.	ance check, and whe	never instrument is repaired.
ALCO SENSOR IV SN 110743		NAME OF AGENCY Saint Joseph Po	olice Department		OF INSPECTION 1/2024
LOCATION OF INSTRUMENT (STREETS 501 Faraon Street, Saint				TIME (1:36	OF INSPECTION i pm
CHECKLIST: Place a mark in	the box by each ite	m if found to be satis	sfactory or if operating		its. (Write in observed values
where determined.) Unmarke	ed items must be co	rrected before usin	instrument.		
☑ DIGITAL READOUT (AL	L ELEMENTS OPE	RATIONAL)			
☑ TEMPERATURE OF ALI	CO SENSOR (10°C	- 40°C)			
PRINTER WORKING PI	ROPERLY				
☑ TIME AND DATE DISPL	AYING PROPERLY				
BREATH ALCOHOL ACCUP	RACY STANDARDS				
☐ SIMULATOR SOLUTION	N		☑ COMPRESSE	D ETHANOL-GAS M	IXTURE
	Intoximeters		LOT # AG304601	EXP. DATE 02/1	5/2025
☐ SIMULATOR TEMPERA	TURE (34°C ± 0.2°	C)S	IM. SN	SIM. NIST I	EXP DATE
less. Check the box corre 0.100% STANDARD 0.080% STANDARD	esponding to the sta D - MUST READ BE D - MUST READ BE	indard solution bein TWEEN 0.095% ar TWEEN 0.076% ar	g used. (PRINTOUT And 0.105% INCLUSIVING 0.084% INCLUSIVING 0.042% INC	ATTACHED) E E	ust have a spread of .005 or
TEST 1 • 0.101	TE	ST 2 🕶 0.101		TEST 3 💌 0.101	
☑ RFI DETECTOR OPERA	TING				
INDICATE THE NUMBER O (DO NOT INCLUDE SELF-A			NG RANGES SINCE	THE LAST MAINTEN	IANCE REPORT:
REFUSALS (0-	04) (.0509)	(.1014)	(.1519)	(OVER .19)
List any new parts and desc established limits (use other		or modification that	was made to restore	the instrument to op-	erate satisfactorily and within
INSPECTING OFFICER				DON'T NALE	
SIGNATURE				John L. Foster	
TYPE II FRMIT NUMBER/EXPIRATION DATE 230163 Exp-08/07/2025				TELEPHONE NUMBER (816) 596-8206	
Return completed report to			epartment of Health a		Southeast District Office

ASIV/WITH PRINTER MONTHLY MAINTENANCE REPORT, SAINT JOSEPH TITELL ST. JOSEPH MO. 64501

	AS IV Serial no: 110743 Version no: 532B	TEST RECORD 02318 9/ Temp Date Time 2101	Subject Name Subject Name Subject Name Subject I.D. Subject I.D. Subject I.D. Subject I.D. Subject I.D. Location Location Location
	AS IV Serial no: 110743 Version no: 532B	231	Air Blank: 10/11/24 13:40 .000 Calibration Check: 21 10/11/24 13:40 .101 Subject Name Subject Name Location Lecation
	AS IV Serial no: 110743 Version no: 532B	TEST RECORD 02316 9/ Temp Date Time 210L	Syll/24 I ration Ch gyll/24 I gyll/24 I ct Name tor Name tor Name ion
E group	version no: 532B TEST RECORD 02315	Temp Date Time 210L Air Blank:	Subject Name Subject Name Subject Name Subject Name Subject Name, 1.D. Subject Name, 1.D. Sociation Location Lacation Lacation Lacation Lacation Lacation



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: 15-Feb-2023

Lot # AG304601 Model 108

Exp Date 15-Feb-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	RGM Serial No.	Concentration
EB0010581 391.8 ppm	EB0010603 EB0010559	392.5 ppm 258.9 ppm	
EB0010570 EB0010285	259.8 ppm 209.0 ppm	EB0010562	104.2 ppm 52.94 ppm
EB0010561 EB0010681	103.7 ppm 52.22 ppm	EB0010579	

CRM Serial No.	Concentration	CRM Serial No.	Concentration
CC727481	800.0 ppm	CC727493	390.0 ppm 150.0 ppm
CC727496	253.0 ppm	CC727498	

Analytical Method: NDIR

Digitally signed by:Quality Control Reason:Dry gas standard certification of analysis Location:Airgas USA LLC (Lab) Date:02.16.2023 13:50

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 JOHN L. FOSTER

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

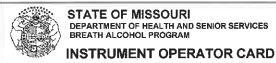
ALCO-SENSOR IV WITH PRINTER, INTOX EC/IR II

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.

DATE8/7/2023	Mile Mason		
UMILULILMUMAL	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY		
NUMBER 230163	Director of DEPARTMENT OF HEALTH AND SERVICES		
EXPIRES 8/7/2025			
	Difference of the second of th		

MO 580-0771 (6-10)

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 all in Missouri.

Operator FOSTER, JOHN Permit No 230163

Date Issued 8/7/2023 Date Expires 8/7/2025

