# **RECEIVED**

By Tracy Crews at 7:26 am, Jun 20, 2024



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

## ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

ABCCCA.											
Complete this Send copy to [									d wheneve	er instrument is re	paired.
ALCO SENSOR IV SN 111318				NAME OF AGENCY GREENE COUNTY SHERIFF'S OFF				FICE	DATE OF INSPECTION 06/02/2024		
LOCATION OF INS	65802	5802			TIME OF INSPECTION 12:19 pm						
CHECKLIST: F	Place a mark	in the box	k by each it	tem if found to	be satisfa	actory or if op	erating	within establish	ned limits.	(Write in observed	l values
where determi	ned.) Unma	rked items	must be c	corrected before	ore using	nstrument.					
☑ DIGITAL F	READOUT (	ALL ELEM	MENTS OP	ERATIONAL)	)						
☑ TEMPER	ATURE OF A	ALCO SEN	NSOR (10°	°C - 40°C)							
☑ PRINTER	WORKING	PROPER	LY								
☑ TIME AND	STATE OF THE PARTY										
<b>BREATH ALC</b>	OHOL ACC	URACY S	TANDAR	DS							
☐ SIMULAT	OR SOLUTI	ON				☑ COMP	RESSEI	D ETHANOL-0	GAS MIXT	URE	
☑ STANDAF	RD SUPPLIE	R INTO	XIMETER	rs	L0	OT # AG306	807	EXP. DAT	E 03/09/2	.025	
☐ SIMULAT	SIMULATOR TEMPERATURE (34°C ± 0.2°C) SIM. SN SIM. NIST EXP DATE										
less. Chec	ck the box co 0% STANDA 0% STANDA	orrespondi ARD - MUS ARD - MUS	ing to the s ST READ E ST READ E	standard solu BETWEEN 0. BETWEEN 0. BETWEEN 0.	tion being .095% and .076% and	used. (PRIN 1 0.105% INC 1 0.084% INC	TOUT A LUSIVE LUSIVE	ATTACHED) E E	il.	have a spread of	
TEST 1 ▼ .096			EST 2 <b>▼</b> .096			TEST 3 ▼ .096					
☑ RFI DETE	CTOR OPE	RATING								N	
INDICATE TH					OLLOWIN	G RANGES	SINCE	THE LAST MA	AINTENA	ICE REPORT:	
REFUSALS	0	(004)	0	(.0509)	0	(.1014)	0	(.1519)	0	(OVER .19)	)
List any new	narts and d		nv alteratio	n or modifica	tion that	was made to	restore	the instrumen	t to opera	te satisfactorily ar	nd within
established lin	mits (use otl	ner side if	necessary	).							
							Native Native Care	-3-47-5-17-1			
INSPECTING	OFFICER	52449	THE REAL PROPERTY.				和建筑等	PRINT NAME	可能的表現	<b>中华的大学的</b>	
SIGNATURE 645								JEREMY GRISHAM			
TYPE II PERMY NUMBER/EXPIRATION DATE 240077 / EXP 04/02/2026								TELEPHONE NUMBER (417) 829-6469			
1.00			Breath Al	Icohol Progra	m, MO De	epartment of I	Health a			utheast District Off	lice
			by mail. t	fax, or email.							

*		AS		, -	A	Su
	al no: 111318 : 5328	0071	e Time $210L$	24 12.19		9 11
TIES	AS IV Seria Version no:	TEST RECORD	Temp Date	Air Biank:	Calibration Check: 20 06/04/24 12:19	Name Name

Subject Name

TEST

Subject 1.D.

Operator Name. 1.D.

J. (ARISHAM 240077

Location

Subject Name 7

J. GRISHAM 240077 Location CLCSO W DUISION

# S IV Serial no: 111318 S IV Serial no: 111318 TEST RECORD 00714 emp Date Time 210L If Blank: Ca If Blank: Ca UB/O6/04/24 12:17 .000 UB/O6/24/24 12:17 .000 Sul

Operator Name. 1.D. S. G. C. SHAM ZYOO77 Location

5700 W 610,510M

AS IV Serial no: 111318
Version no: 5328
TEST RECORD 00716
TEMP Date Time 210L
Air Blank: 05/04/24 12:21 .000
Calibration Check: .096
Subject Name
TEST 3
Subject I.D.
OPERATOR NAME. T.D.

AS IV Serial no: 111318 Version no: 5328 TEST RECORD 00718

Temp Date Time 210L Air Blank: 05/04/24 12:24 .000 22 06/04/24 12:24 .000

Subject Name
), (1/2/5/4/4M - 7/657 Subject 1.D.

Operator Name, 1.D.
J.C.RISHAM 240077
Location (2050)

STOD W BILLIAM

AS 1V Serial 528 111318 Version 10: 528 TEST RECORD 6.717

Terp Date Time 310, vold: RF1 12:23

Subject Name

Operator Name, 1.D.
SACASHAM 24077
Location

STOC W DIVISION



Airgas USA LLC (LAB) 3500 Bernard Street St. Louis, Mo. 63103

Ph: (314) 533-3100 Fax: (314) 533-7328

# **Certificate of Analysis**

Test Date: 13-Mar-2023

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

Lot # AG306807 Model 108

**Exp Date** 9-Mar-2025 Cyl. Type 108

Component

**Certified Concentration** 

Ethanol

Nitrogen

0.100 ± 2% BrAC (272 ppm)

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

Concentration **RGM Serial No.** EB0010581 391.8 ppm EB0010570 259.8 ppm 209.0 ppm EB0010285 103.7 ppm EB0010561 EB0010681 52.22 ppm

**RGM Serial No.** Concentration 392.5 ppm EB0010603 EB0010559 258.9 ppm 104.2 ppm EB0010562 52.94 ppm EB0010579

**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 signed by:Quality Control Reason:Dry gas standard certification of analysis Location:Airgas USA LLC (Lab) Date:03.16.2023 13:02

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

# JEREMY GRISHAM

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.

DATE 4/2/2024

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER **240077**EXPIRES **4/2/2026** 

MO 580-0771 (6-10)

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

Davea J. Michelson

LAB-4 (R6-10)



### 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 air in Missouri.

Operator GRISHAM, JEREMY

Permit No 240077

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

