RECEIVED

By Tracy Crews at 7:46 am, Jul 11, 2024



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

The Person											
				the regular m Services; reta				nce check, an	d whenev	er instrument is	repaired.
ALCO SENSOR 111318	IV SN			NAME OF AGE		TY SHERIFI	S OF	FICE	DATE OF I	INSPECTION 2024	
LOCATION OF INSTRUMENT (STREET AND CITY) GCSO - 5100 W DIVISION ST SPRINGFIE				ELD MO 658	LD MO 65802				TIME OF INSPECTION 11:37 am		
CHECKLIST	Place a mar	k in the box	oy each ite	em if found to	be satis	factory or if op	erating	within establis	ned limits.	(Write in observ	ed values
				orrected before							
☑ DIGITAL	READOUT (ALL ELEME	NTS OP	ERATIONAL)							
✓ TEMPERATURE OF ALCO SENSOR (10°C - 40°C)											
PRINTER WORKING PROPERLY											
☑ TIME AND DATE DISPLAYING PROPERLY											
BREATH AL	COHOL ACC	URACY ST	ANDARD	S							
☐ SIMULA	TOR SOLUT	ION				☑ COMP	RESSE	D ETHANOL-C	GAS MIXT	URE	
☑ STANDA	ARD SUPPLI	ER INTOX	METER	S	L	OT # <u>AG331</u>	103	EXP. DAT	E 11/07/2	2025	
☐ SIMULA	TOR TEMPE	RATURE (3	4°C ± 0.2	°C)	SI	M. SN		SIM.	NIST EXF	P DATE	
 ✓ CALIBRATION CHECK – (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT) Run three tests using a standard solution. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (PRINTOUT ATTACHED) ✓ 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE □ 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE □ 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE 											
TEST 1				EST 2 • .09				TEST 3 🖝 .()98		
☑ RFI DET	ECTOR OPE	RATING						*	14	ě	
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: (DO NOT INCLUDE SELF-ADMINISTERED TESTS)											
REFUSALS	0	(004)	0	(.0509)	0	(.1014)	1	(.1519)	0	(OVER .19)	1
	parts and dimits (use of				ion that	was made to	restore	the instrumen	t to opera	te satisfactorily	and within
INSPECTIN	G OFFICER		建		沙里的				是特性主义		
SIGNATURE	1	UKS)					J. GRISHA	M #645		
TYPE II PERMIT NUMBERÆXÍRATION DATE 240077 - 04/02/2024							TELEPHONE NUMBER (417) 829-6469				
	pleted repo			cohol Program	n, MO De	epartment of I	Health a			utheast District C	Office
A STATE OF THE STA			y man, la	in, or email.							

ASTV Seriel no. 111318 Version no: 532B TEST RECORD 00722 9/ Temp Date Time 210L

Air Blank: 07/02/24 11:37 .000 Callbretion Check: 21 07/02/24 11:37 .097

Subject Name/ Test/ Subject 1.D.

J.GRISMAN 240077 4/2/24
Location
GCSO 14Q

STOO W DIVISION

AS IV Serial no. 111318 Version no: 5328

TEST RECURD 00723 9/ Tamp Date Time 210

Air Slank: 07/02/24 11:39 000 Calibration Check: 21 07/02/24 11:39 .098

Subject Name 2 Subject 1.D.

Character Name. 1.D.

J.Geisham 240077 4/2/21

Location

GCSO HQ

STUD W DIVISION

AS IV Serial no. :11318 Version no: 5328 TEST RECORD 00724 9/ Temp Date Time 210L Air Blank: 07/02/24 11:41 .000 Calibration Check 22 07/02/24 11:41 .098

Subject Name
TEST 3
Subject 1.0

STOO W BIVISION

AS IV Serial no: 111318 Version no: 5328 TEST RECURD 00725 g/ Temp Date Time 210L VOID: RFI 12 07/02/24 11:42

Subject Name Test 4 - PFI Subject 1.0.

J.GRISMAN 2400TT 4/2/24
Location
GCSO HQ
STOD W DV140N

AS IV Serial no. 111318
Version no: 5328

TEST RECURD 00726

Temp Date Time 210L

Air Blank: 07.02/24 11:43 000
Subject Test: Auto 23.07/02/24 11:43 000

Subject Name

Subject I.D.

J. GRISHAM 240017 4/2/24
Location
GCSD HQ

STOD W BIVISION



Airgas USA LLC (LAB) 3500 Bernard Street St. Louis, Mo. 63103 Ph: (314) 533-3100

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: 8-Nov-2023

Lot # AG331103 Model 108

Exp Date 7-Nov-2025 Cyl. Type

Component

Certified Concentration

108

Ethanol

0.100 ± 2% BrAC (272 ppm)

Nitrogen

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
EB0010681	52.22 ppm		

CRM Serial No. Concentration
CC727481 799.4 ppm
CC727496 253.4 ppm

CRM Serial No.

Concentration

CC727493 CC727498 389.8 ppm 150.2 ppm

Analytical Method: NDIR

Digitally signed by:Quality Control Reason:Dry gas standard certification of analysis Location:Airgas USA LLC (Lab) Date:11.09.2023 19:42

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 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	Mike Massur
DATE 4/2/2024	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 240077	Davla I. nichelson
EXPIRES 4/2/2026	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R6-10)



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 ai in Missouri.

GRISHAM, JEREMY Operator

240077 Permit No

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

