

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

### ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

A STATE OF THE PARTY OF THE PAR							
Complete this report in dupli Send copy to Department of		•	•		ever instrument is repaired.		
ALCO SENSOR IV SN 111320		NAME OF AGENCY St. Louis County	NAME OF AGENCY St. Louis County Police Department		FINSPECTION /2025		
LOCATION OF INSTRUMENT (STR. 14301 South Outer 40 Rd			The second of th		INSPECTION am		
CHECKLIST: Place a mark ir		<u> </u>	sfactory or if operating	within established limit	s. (Write in observed values		
where determined.) Unmarked items must be corrected before using instrument.							
DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)							
✓ TEMPERATURE OF ALCO SENSOR (10°C - 40°C)							
PRINTER WORKING PI	ROPERLY			· · · · · · · · · · · · · · · · · · ·			
☑ TIME AND DATE DISPL	AYING PROPERL	Y					
BREATH ALCOHOL ACCU	RACY STANDARD	S					
☐ SIMULATOR SOLUTION	ON COMPRESSED ETHANOL-GAS MIXTURE				TURE		
✓ STANDARD SUPPLIER	Intoximeters	L	OT # AG321505	EXP. DATE 08/03/	2025		
☐ SIMULATOR TEMPERA	SIMULATOR TEMPERATURE (34°C ± 0.2°C)		M. SN	SIM. NIST EXP DATE			
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 • .099	TE	EST 2 🖛 .099		TEST 3 • .099	·		
☐ RFI DETECTOR OPERA	TING				·		
INDICATE THE NUMBER O (DO NOT INCLUDE SELF-A			IG RANGES SINCE	THE LAST MAINTENA	NCE REPORT:		
REFUSALS (0-	04)	(.0509)	(.1014)	(.1519)	(OVER .19)		
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).							
INSPECTING OFFICER							
signature , Po yy1			PRINT NAME Michael White				
TYPE II PERMIT NUMBER/EXPIRATION D 230233 10/31/2025	DATE		TELEPHONE NUMBER (636) 529-8210				
Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office by mail, fax, or email.							

AS IV Serial no: 111320 Version no: 532B TEST RECORD 00665

Temp Date Time 210L

Air Blank: 09/04/24 10:27 .000 Calibration Check: 20 09/04/24 10:27 .099

Subject Name

Test Subject I.D.

Operator Name, I.D.

White 230233

Location
M301 Signifus

AS IV Serial no: 111320 Version no: 532B

TEST RECORD 00666

Temp Date Time 210L Air Blank: 09/04/24 10:29 .000

Calibration Check: 21 09/04/24 10:29 .099

Subject Name

Test

Subject I.D.

2

Operator Name, I.D.

White 230233

Location

14301 souter your

AS IV Serial no: 111320 Version no: 532B

TEST RECORD 00667

Temp Date Time 210L

Air Blank: 09/04/24 10:31 .000 Calibration Check: 22 09/04/24 10:31 .099

Subject Name

Tosd

Subject I.D.

3

Operator Mame, I.D.

White 230233

Location

14301 5.00 tryond

AS IV Serial no: 111328

Version no: 532B

TEST RECORD 00668

Temm Date Time 210L

VOID: RFI
12 09/04/24 10:34

Subject Name
Subject I.D.

NAT

Operator Name, I.D.

Location

(430150444014)



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 108

**Component** Ethanol

0.1

Certified Concentration 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 EB0010570 259.8 ppm EB0010285 209.0 ppm EB0010561 103.7 ppm EB0010681 52.22 ppm	EB0010603 EB0010559 EB0010562 EB0010579	392.5 ppm 258.9 ppm 104.2 ppm 52.94 ppm

EBOUTU681	52.22 ppm		
CRM Serial No.	Concentration	CRM Serial No.	Concentration
CC727481	800.0 ppm	CC727493	390.0 ppm
CC727496	253.0 ppm	CC727498	150.0 ppm

Analytical Method: NDIR

Digitally signed by:Quality Control Reason:Dry gas standard certification of analysis Location:Argas 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

## MICHAEL WHITE

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

DATE 10/31/2023

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 230233

EXPIRES 10/31/2025

MO 580-0771 (6:10)

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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

Operator

577,020 through 577,041, RSMo and 306,111 through 306,119 RSMo.

WHITE, MICHAEL

Permit No 230233 Date Issued 10/31/2023

Date Expires 10/31/2025

