

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

RECEIVED By Tracy Crews at 9:01 am, Nov 29, 2024

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

| Complete this report in d Send copy to Departmen | | | | | d whenever instrument is repaired. | | |
|--|------------------------------------|--|--|---------------------------------|--------------------------------------|--|--|
| ALCO SENSOR IV SN 111320 | | NAME OF AGENCY St. Louis County Police Department | | t | DATE OF INSPECTION 11/26/2024 | | |
| LOCATION OF INSTRUMENT (STREET AND CITY) 14301 South Outer Forty Rd (MODOT TMC) | | | | | TIME OF INSPECTION 9:05 am | | |
| CHECKLIST: Place a many where determined.) Unmany | • | | | y within establish | ed limits. (Write in observed values | | |
| ☑ DIGITAL READOUT | (ALL ELEMENTS C | PERATIONAL) | | | | | |
| ☑ TEMPERATURE OF | ALCO SENSOR (1 | 0°C - 40°C) | | | | | |
| ✓ PRINTER WORKING PROPERLY | | | | | | | |
| TIME AND DATE DIS | SPLAYING PROPE | RLY | | | | | |
| BREATH ALCOHOL ACC | CURACY STANDA | RDS | | | | | |
| ☐ SIMULATOR SOLUTION | | | | | | | |
| STANDARD SUPPLI | ER Intoximeters | LOT # AG321505 EXP. DATE 08/03/2025 | | | 08/03/2025 | | |
| ☐ SIMULATOR TEMPE | :RATURE (34°C ± 0 |).2°C) S | IM. SN | SIM. N | NIST EXP DATE | | |
| ✓ 0.100% STANDA☐ 0.080% STANDA | ARD - MUST READ ARD - MUST READ | standard solution beir BETWEEN 0.095% a BETWEEN 0.076% a BETWEEN 0.038% a | nd 0.105% INCLUSIV nd 0.084% INCLUSIV | E E | | | |
| TEST 1 .103 | | TEST 2 	 .103 | | TEST 3 ★ .100 | | | |
| ☑ RFI DETECTOR OPE | RATING | | | | | | |
| INDICATE THE NUMBER (DO NOT INCLUDE SEL | | | NG RANGES SINCE | THE LAST MAIR | NTENANCE REPORT: | | |
| REFUSALS | (004) | (.0509) | (.1014) | (.1519) | (OVER .19) | | |
| List any new parts and destablished limits (use off Time changed upon co | ner side if necessar | | was made to restore | the instrument t | to operate satisfactorily and within | | |
| INSPECTING OFFICER | | l. | | | | | |
| SIGNATORE 44/2 | | | | PRINT NAME Michael White | | | |
| TYPE II PERMIT NUMBER/EXPIRATION DATE 230233 10/31/2025 | | | | TELEPHONE NUMBER (636) 529-8210 | | | |
| Return completed repor | | cohol Program, MO D ax, or email. | epartment of Health a | nd Senior Servic | es, Southeast District Office | | |

AS IV Serial no: 111320
Version no: 532B

TEST RECORD 00679

Temp Date Time 210L

Air Blank:
 11/26/24 10:13 .000
Calibration Check:
 18 11/26/24 10:13 .103

Subject Name

Test

Operator Name, I.D.

14301 5,00 ter

Location

AS IV Serial no: 111320
Version no: 532B

TEST RECORD 00680
9/
Temp Date Time 210L
Air Blank:
11/26/24 10:15 .000
Calibration Check:
19 11/26/24 10:15 .103

Subject Name

11/26/24 10:15 .000
Calibration Check:
19 11/26/24 10:15 .103

Subject Name

TCS
Subject I.D.

Operator Name, I.D.

Ohite 230233

Location
14301 5.00&C4000

AS IV Serial no: 111320
Version no: 532B

TEST RECORD 00681

Temp Date Time 210L

Air Blank:
 11/26/24 10:17 .000
Calibration Check:
 20 11/26/24 10:17 .103

Subject Name

Test
Subject I.D.
 3
Operator Name, I.D.

Uhite 23033
Location
1430 | Soute 4000

TEST RECORD 90682

TEST RECORD 90682

VOID: RFI
12 11/26/24 18:18

Subject Name

Tesd

Subject Name

Tesd

Operator Name: I.D.

Decation

14301 Swake Work

14301 Swake Work

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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

Cyl. Type

Component

Certified Concentration

3-Aug-2025

108

Ethanol Nitrogen 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. EB0010603

Concentration

EB001.0581 EB0010570 EB0010285 391.8 ppm 259.8 ppm 209.0 ppm

EB0010559 EB0010562 392.5 ppm 258.9 ppm 104.2 ppm

EB0010561 EB0010681

103.7 ppm 52.22 ppm EB0010579

52.94 ppm

CRM Serial No.

800.0 ppm

CRM Serial No.

Concentration

CC727481 CC727496

253,0 ppm

Concentration

CC727493 CC727498 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 (Leb) 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 repails, 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 577.020 through 577.041, RSMo and 306.111 through 306.119 RS | |
|--|---|
| | Mike Magon |
| DATE 10/31/2023 | DIRECTOR OF STATE PUBLIC HEALTH LABORATORY |
| NUMBER 230233 | Doven J. Nichselson |
| EXPIRES 10/31/2025 | DIRECTOR OF DEPARTMENT OF HEACTH AND SERVICES |
| Q:589-0771-(6:19). | LAB+ (FID-10). |



STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES BREATH ALCOHOL PROGRAM

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 WHITE, MICHAEL

Permit No 230233 Date Issued 10/31/2023

Date Expires 10/31/2025

