



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 STATE PUBLIC HEALTH LABORATORY
ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

RECEIVED
 10/17/2024 10:00 AM

REPORT #7

Complete this report in duplicate at the time of the regular monthly preventative maintenance check, and whenever instrument is repaired. Send copy to Department of Health and Senior Services; retain original in department file.

ALCO SENSOR IV SN 111336	NAME OF AGENCY INDEPENDENCE PD	DATE OF INSPECTION 10/02/2024
LOCATION OF INSTRUMENT (STREET AND CITY) 14609 E TRONAU RD, INDEPENDENCE, MO		TIME OF INSPECTION 1130

CHECKLIST: Place a mark in the box by each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unmarked items must be corrected before using instrument.

<input checked="" type="checkbox"/> DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)
<input checked="" type="checkbox"/> TEMPERATURE OF ALCO SENSOR (10°C - 40°C)
<input checked="" type="checkbox"/> PRINTER WORKING PROPERLY
<input type="checkbox"/> TIME AND DATE DISPLAYING PROPERLY

BREATH ALCOHOL ACCURACY STANDARDS

<input type="checkbox"/> SIMULATOR SOLUTION	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER INTOXIMETERS	LOT # A6511602 EXP. DATE 4/26/2025
<input type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C)	SIM. SN _____ SIM. NIST EXP 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)

<input checked="" type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE
<input type="checkbox"/> 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE
<input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE

TEST 1 .100	TEST 2 .100	TEST 3 .100
--------------------	--------------------	--------------------

RFI DETECTOR OPERATING

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: (DO NOT INCLUDE SELF-ADMINISTERED TESTS)

REFUSALS	(0-.04)	(.05-.09)	(.10-.14)	(.15-.19)	(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 	PRINT NAME BRETT SCHMIDCI
TYPE II PERMIT NUMBER/EXPIRATION DATE 240089, 4/2/2026	TELEPHONE NUMBER 816-825-7300

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: 111336
Version no: 532B

TEST RECORD 00295

Temp Date Time ^{s/} 210L

Air Blank:
10/02/24 11:32 .000
Calibration Check:
22 10/02/24 11:32 .100

Subject Name

MONTHLY TEST

Subject I.D.

B. SCHMIDT

Operator Name, I.D.

240084

Location

14609 E TRUMAN RD

AS IV Serial no: 111336
Version no: 532B

TEST RECORD 00294

Temp Date Time ^{s/} 210L

Air Blank:
10/02/24 11:30 .000
Calibration Check:
22 10/02/24 11:30 .100

Subject Name

MONTHLY TEST

Subject I.D.

B. SCHMIDT

Operator Name, I.D.

240084

Location

14609 E TRUMAN RD

AS IV Serial no: 111336
Version no: 532B

TEST RECORD 00296

Temp Date Time ^{s/} 210L

Air Blank:
10/02/24 11:33 .000
Calibration Check:
23 10/02/24 11:33 .100

Subject Name

MONTHLY TEST

Subject I.D.

B. SCHMIDT

Operator Name, I.D.

240084

Location

14609 E TRUMAN RD

AS IV Serial no: 111336
Version no: 532B

TEST RECORD 00297

Temp Date Time ^{s/} 210L

VOID: RFI
12 10/02/24 11:35

Subject Name

MONTHLY TEST

Subject I.D.

B. SCHMIDT

Operator Name, I.D.

240084

Location

14609 E TRUMAN RD



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: 26-Apr-2023

Lot # AG311602 **Model** 108

Exp Date	Cyl. Type	Component	Certified Concentration
26-Apr-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.	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
EB0010581	103.7 ppm	EB0010579	52.94 ppm
EB0010681	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 analyte
 Location: Airgas USA LLC (Lab)
 Date: 04.26.2023 16:51

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

2

PERMIT
TYPE II
BRETT SCHMIDLI

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, INTOXILYZER 8000

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

Mike Massman

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 240084

Paula J. Nicholson

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

EXPIRES 4/2/2026

LAB-4 (R8-10)

MO 580-0771 (6-10)



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 SCHMIDLI, BRETT
 Permit No 240084
 Date Issued 4/2/2024 Date Expires 4/2/2026

