

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

### **ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT**

REPORT #7

" ADTECKE "		``			
Complete this report in duplicate at the time Send copy to Department of Health and Ser				nenever instrument is repaired.	
ALCO SENSOR IV SN 111673				e of inspection /05/2024	
LOCATION OF INSTRUMENT (STREET AND CITY) 14301 South Outer Fourty, Chesterfield Missouri				E OF INSPECTION :24 pm	
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.					
☑ DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)					
▼ TEMPERATURE OF ALCO SENSOR (10°C - 40°C)					
☑ PRINTER WORKING PROPERLY					
☑ TIME AND DATE DISPLAYING PROPERLY					
BREATH ALCOHOL ACCURACY STANDARDS					
☐ SIMULATOR SOLUTION ☐ COMPRESSED ETHANOL-GAS MIXTURE					
STANDARD SUPPLIER INTOXIMETERS LOT # AG321505 EXP. DATE 08/03/2025					
SIMULATOR TEMPERATURE (34°C ± 0.2°C) SIM. SN			SIM. NIST EXP DATE		
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 ▼ .098  TEST 2 ▼ .099  TEST 3 ▼ .097					
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)	(.1014) 0	(.1519) 0	(OVER .19) 0	
List any new parts and describe any alterat established limits (use other side if necessar		was made to restore	the instrument to o	perate satisfactorily and within	
INSPECTING OFFICER					
SIGNATURE LA LANGE			PRINT NAME Austin Wesolich DSN 4971		
TYPE II PERMIT NUMBER/EXPIRATION DATE 230248 / 11/01/2025		•	TELEPHONE NUMBER (636) 628-6079		
Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office by mail, fax, or email.					

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Temp Base Time 2161.

Temp Base Time 2161.

Air Market 12/6,088

California County 26,088

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TEST 3 TEST 3 WESOLIGH (23EZ48)

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MESOLICH (230218)



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 EB0010581 391.8 ppm EB0010570 259.8 ppm EB0010285 209.0 ppm EB0010561 103.7 ppm EB0010681 52.22 ppm

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

**CRM Serial No.** CC727481

Concentration 800.0 ppm

CRM Serial No.

Concentration

CC727496

253.0 ppm

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 (Lab) Data: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



is hereby authorized forinstruct and supervise operators, frain 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. 1577,020 through 577/041, PSMo and 906,111 through 306,119 PSMo.

DATE \_\_\_\_11/1/2023 DIRECTOR OF STATE PUBLIC: HEALTH LABORATORY NUMBER 230248 **EXPIRES 11/1/2025** DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES MD 680/0771 (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 a in Missouri.

Operator WESOLICH, AUSTIN

Permit No 230248

Date Issued 11/1/2023 **Date Expires 11/1/2025** 

