

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

RECEIVED By Tracy Crews at 8:47 am, Sep 24, 2024

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

| 4866CX- | | | | * | | | |
|---|---|---|---|----------------------|-----------------------------------|--|--|
| Complete this report in do | | | | | nenever instrument is repaired. | | |
| ALCO SENSOR IV SN 111673 | | NAME OF AGENCY St. Louis County Police Department | | | TE OF INSPECTION 1/23/2024 | | |
| LOCATION OF INSTRUMENT (\$ 14301 South Outer 40 | | | | 1 | E OF INSPECTION | | |
| | | | | within established l | imits. (Write in observed values | | |
| where determined.) Unma | ******* | | instrument. | | | | |
| DIGITAL READOUT (ALL ELEMENTS OPERATIONAL) | | | | | | | |
| ✓ TEMPERATURE OF ALCO SENSOR (10°C - 40°C) | | | | | | | |
| PRINTER WORKING PROPERLY | | | | | | | |
| ✓ TIME AND DATE DIS | SPLAYING PROPE | RLY | • | | | | |
| BREATH ALCOHOL ACC | CURACY STANDA | RDS | | | | | |
| ☐ SIMULATOR SOLUTION ☐ COMPRESSED ETHANOL-GAS MIXTURE | | | | | | | |
| ☑ STANDARD SUPPLI | ER Intoximeters | LOT # AG321505 EXP. DATE 08/03/2025 | | | | | |
| ☐ SIMULATOR TEMPE | ERATURE (34°C ± 0 | 0.2°C) SIM. SN | | SIM. NIS | SIM. NIST EXP DATE | | |
| less. Check the box of 0.100% STANDA 0.080% STANDA | orresponding to the ARD - MUST READ ARD - MUST READ | standard solution being BETWEEN 0.095% and BETWEEN 0.076% and BETWEEN 0.038% and | used. (PRINTOUT A d 0.105% INCLUSIVE d 0.084% INCLUSIVE | TTACHED) : : | must have a spread of .005 or | | |
| TEST 1 ▼ .098 | | TEST 2 ▼ .098 | | TEST 3 ♥ .098 | | | |
| ☑ RFI DETECTOR OPE | ERATING | | | | · | | |
| INDICATE THE NUMBER | | | G RANGES SINCE 1 | HE LAST MAINTE | ENANCE REPORT: | | |
| REFUSALS | (004) | (.0509) | (.1014) | (.1519) | (OVER .19) | | |
| | escribe any alterati | on or modification that v | <u> </u> | | operate satisfactorily and within | | |
| INSPECTING OFFICER | | | | | | | |
| SIGNATURE | • | | PRINT NAME Michael White | | | | |
| TYPE II PERMIT NUMBER/EXPIRATI | ON DATE | | | TELEPHONE NUMBER | | | |
| 230233 4 0 /31/2025 | | | | (636) 529-8210 | | | |
| Return completed repor | | Icohol Program, MO Del fax, or email. | partment of Health ar | d Senior Services, | Southeast District Office | | |

AS IV Serial no: 111673 Version no: 532B TEST RECORD 00530 9/ Time 210L Date Air Blank: 09/23/24 12:52 .000 Colibration Check: 20 09/23/24 12:52 .098 Subject Name Subject I.D. Operator Mame: I.D. White 230233 14301 5100 der 401

AS IV Serial no: 111673 Version no: 5320 TEST RECORD 60531 Time 210L Air Blank! 89/23/24 12:54 .900 Calibration Check: 21 00/23/24 12:56 .090 Significat Name Tesd Balance I. D. Operator Name: I.D. Unite 230 233 14301 5,000

AS IV Serial no: 111673 Version and 5320 TEST RECORD 66532 Time 210L Tome Date Air Mlankt 89723724 12139 .988 Culiforstien Chrecht 24 30/20/20 12:58 .698



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 $0.100 \pm 2\%$ 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 209.0 ppm EB0010285 103.7 ppm EB0010561 EB0010681 52.22 ppm

RGM Serial No. EB0010603 EB0010559 EB0010562 EB0010579

Concentration 392.5 ppm 258.9 ppm 104.2 ppm 52.94 ppm

CRM Serial No.

Concentration 800.0 ppm

CRM Serial No.

Concentration

CC727481 CC727496

253.0 ppm

CC727493 CC727498 390.0 ppm 150.0 ppm

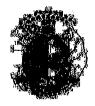
Analytical Method: NDIR

Digitally signed by:Quality Control Reason:Dry gas standard certification of analysis Location: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 SEPVICES BREATH ALCOHOL PROGRAM



MICHAEL WHITE

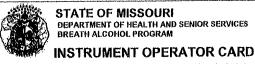
s hereby authorized to instruct and supervise operators, train instructors, inspect callorate, perform field service and repairs, nd operate the following breath analyzer(s):

ALCO-SENSOR IV WITH PRINTER, INTOX DMT

| n'the determination of the alcoholic content of blood from a se 77.020 through 577.041, FISMS and SCE_111 through 306.11 | imple of expired air. Permit issued underline provisions of sections 9 ASMo. |
|---|---|
| | Mike Missing |
| ATE:10/3.1/2023 | DIMEGLOH OL SLYLELIANION-FALTH CYRENBYCHA. |
| UMBER 230233 | Done I. nichelson |
| XPIRES 10/31/2025 | DIRECTOR/OF DEPARTMENT OF HEACTH AND SERVICES |

and armitaling

LABOURDMAN



The named cardholder is authorized to operate an evidential breath alcohol nstrument for the determination of the alcoholic content in breath form of expired at n Missouri.

Operator 1

WHITE, MICHAEL

Permit No 230233 Date Issued 10/31/2023

Date Expires 10/31/2025

