

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

| | | | | | whenever instrument is repaired. | | |
|--|----------------------|--|--|------------------------------------|-------------------------------------|--|--|
| Send copy to Department of Health and Seni ALCO SENSOR IV SN 111733 | | NAME OF AGENCY St. Louis County Police Department | | D | ATE OF INSPECTION 6/05/2024 | | |
| LOCATION OF INSTRUMENT | (STREET AND CITY) | St. Louis Ct | unty Folice Departin | | ME OF INSPECTION | | |
| 14301 South Outer 40 | | verranderen er verrande er | | :00 am | | | |
| | | | | ating within established | l 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 AC | CURACY STANDA | RDS | | | | | |
| ☐ SIMULATOR SOLU | ☐ SIMULATOR SOLUTION | | | | | | |
| STANDARD SUPPLIER Intoximeters LOT # AG321505 EXP. DATE 08/03/2025 | | | | | | | |
| ☐ SIMULATOR TEMP | ERATURE (34°C ± | 0.2°C) | SIM. SN | SIM. NIS | ST EXP DATE | | |
| ☐ 0.080% STAND | ARD - MUST REAL | BETWEEN 0.076 | % and 0.105% INCLU % and 0.084% INCLU % and 0.042% INCLU | SIVE | | | |
| TEST 1 • .100 | | TEST 2099 | | TEST 3 ☞ .099 | TEST 3 ▼ .099 | | |
| ☑ RFI DETECTOR OPI | ERATING | | | | | | |
| INDICATE THE NUMBE (DO NOT INCLUDE SEL | | | OWING RANGES SIN | CE THE LAST MAINT | ENANCE REPORT: | | |
| REFUSALS | (004) | (.0509) | (.1014) | (.1519) | (OVER .19) | | |
| List any new parts and c established limits (use ot | • | | that was made to rest | ore the instrument to | operate satisfactorily and within | | |
| INSPECTING OFFICER | | | | PRINT NAME | | | |
| · POQ 4412 | | | Michael White | | | | |
| TYPE II PERMIT NUMBERIEXPIRATION DATE 230233 10/31/2025 | | | | TELEPHONE NUMBER (636) 529-8210 | | | |
| Return completed repo | | lcohol Program, M fax, or email. | O Department of Healt | h and Senior Services | s, Southeast District Office | | |

AS IV Serial no: 111733 Version no: 5328

TEST RECORD 00676

9/ Date 210L Temp Air Blank: 06/05/24 06:25 .000

Calibration Check: 20 06/05/24 06:25 .100

Subject Name

Subject I.D.

Operator Name: I.D.

Location.

14301

AS IV Serial no: 111733 Version no: 532B

TEST RECORD 00677

Temp Date Time

Air Blank:

06/05/24 06:26 .000 Calibration Checki 20 06/05/24 06:26 .099

Subject Name

Subject I.D.

Operator Name, I.D.

Location

4301 SIBURS AS IV Serial no: 111733 Version no: 532B

TEST RECORD

Time 210L Date Temp

Air Blanks 06/05/24 06129 .000

Calibration Check: 21 06/05/24 06:29 .099

Subject Name

Subject I.D.

Operator Name. 1.D.

Location



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

Certified Concentration

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. | Concentration |
|----------------|---------------|
| CC727481 | 800.0 ppm |
| CC727496 | 253.0 ppm |

CRM Serial No. CC727493 CC727498

Concentration 390.0 ppm 150.0 ppm

Analytical Method: NDIR

Digitally algned by Quality Control Reason:Dry gas standard certification of analysis Location:Afrasa 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

or 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.

DIRECTOR OF STATE PUBLIC HEALTH CABORATION

NUMBER 230233

Park 1. Nachalan

EXPIRES 10/31/2025

DIRECTOR OF DEPARTMENT OF HEALTH AND SERVICES

CARDONAL (BLID)

ABABARAN AMERIKAN MENERANGAN MENE

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 WHITE, MICHAE

Permit No 230233

Date Issued 10/31/2023 Date Expires 10/31/2025

