

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

Complete this report in o					vhenever instrument is repaired.	
ALCO SENSOR IV SN 111742		NAME OF AGENCY St. Louis County Police			ATE OF INSPECTION 09/27/2024	
LOCATION OF INSTRUMENT (14301 South Outer I				ME OF INSPECTION		
CHECKLIST: Place a ma where determined.) Unm	rk in the box by eac arked items must b	h item if found to be sati	sfactory or if operating	g within established	limits. (Write in observed values	
✓ DIGITAL READOUT			g monamona .			
▼ TEMPERATURE OF ALCO SENSOR (10°C - 40°C)						
PRINTER WORKING	G PROPERLY		***************************************			
TIME AND DATE DI	SPLAYING PROPE	RLY	***************************************			
BREATH ALCOHOL AC	CURACY STANDA	RDS				
	ΓΙΟΝ		✓ COMPRESSE	ED ETHANOL-GAS	MIXTURE	
STANDARD SUPPL	IER Intoximeter	LOT # AG321505 EXP. DATE			8/03/2025	
SIMULATOR TEMPE	ERATURE (34°C ±	0.2°C) S	IM. SN	SIM. NIS	ST EXP DATE	
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) 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 1098		TEST 2 097		TEST 3 ▼ .097		
✓RFI DETECTOR OPE	ERATING					
INDICATE THE NUMBEI (DO NOT INCLUDE SEL			IG RANGES SINCE	THE LAST MAINT	ENANCE REPORT:	
REFUSALS 0	(004) 0	(.0509)	(.1014) 0	(.1519)	(OVER .19) 0	
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 SIDE SID	4553		PRINT NAME PO Tosie DSN 4553			
TYPE-II PERMIT-NUMBER/EXPIRATI	ON DATE 240128	3 / 05/29/2026		(636) 529-8210)	
Return completed repor		lcohol Program, MO De fax, or email.	partment of Health a	nd Senior Services	, Southeast District Office	

AS IV Serial no: 111742
Version no: 5328

TEST RECORD 00624

Temp Date Time 210L

Air Blank: 09/27/24 20:21 .000
Calibration Check: 19 09/27/24 20:21 .098

Subject Name

Test #|
Subject I.D.

NA

Operator Name, I.D.

Location

Modern Test 11742

AS IV Serial no: 111/42 Version no: 532B						
TEST RECORD 00625						
Temp Date Time 210L						
Air Blank: 09/27/24 20:23 .000						
Calibration Check: 21 09/27/24 20:23 .097						
Subject Name						
Subject 1.D.						
Operator Name, I.D.						
Pio. Toske 4553 Location						
modot TMC						

AS IV Se Version		o: 11 32B	1742	
TEST	RECORD	006:	26	
Temp [Dat e	Time	210L	
Air Blar 09/2 Calibrat	27/24 2		. 000	
21 09/2	27/24 2	0:25	. 097	
Subject	Name			
Subject 1.D.				
Operator Name, I.D.				
Location 4553				
MOPOT TMC				

AS IV Serial no: 111742 Version no: 532B				
TEST RECORD 00627				
Temp Date Time 210L				
VOID: RFI 12 09/27/24 20:28				
Subject Name				
Subject 1.D.				
Operator Name, I.D.				
POTTONE 4503				
Location Modern TMC				



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 Nitrogen Certified Concentration 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 CC727496 Concentration 800.0 ppm 253.0 ppm CRM Serial No. CC727493 CC727498

Concentration 390.0 ppm 150.0 ppm

Analytical Method: NDIR

Approved for Release:

Yusef Woods

ISO 17025:2017 A2LA accredited. Certificate Number 3082.06 ISO 17034:2016 A2LA accredited. Certificate Number 3082.07



MO 500-0271 (8-10)

STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



EAB-4 (FIG-10)

PERMIT TYPE II

ROBERT TOSIE

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

	termination of the alcoholic content of blood from a through 577.041, RSMo and 306.111 through 306.1	sample of expired air. Permit issued under the provisions of sections	
		Mile Manni	
DATE	5/29/2024	DIRECTOR OF STATE RUBLIC HEALTH LABORATORY	
NUMBER	240128	Davis I. Nichelson	
expires	5/29/2026	HIGH AL SOME DETAINS AND LIKE HELAND SERVICES	