

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

Complete this report in a Send copy to Department				nce check, and whene	ver instrument is repaired.		
ALCO SENSOR IV SN 111763		NAME OF AGENCY Saint Joseph Police Department		DATE OF 07/08/	INSPECTION 2024		
LOCATION OF INSTRUMENT 501 Faraon Street, Sa		1501		TIME OF 9:17 a	INSPECTION IM		
CHECKLIST: Place a ma where determined.) Unm				within established limits	s. (Write in observed values		
☑ DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)							
☑ TEMPERATURE OF	✓ TEMPERATURE OF ALCO SENSOR (10°C - 40°C)						
☑ PRINTER WORKIN	G PROPERLY						
☑ TIME AND DATE DI	SPLAYING PROPER	RLY					
BREATH ALCOHOL AC	CURACY STANDAR	RDS					
☐ SIMULATOR SOLU	TION		☑ COMPRESSED	ETHANOL-GAS MIX	TURE		
☑ STANDARD SUPPL	IER Intoximeters	L(OT # AG304601	EXP. DATE 02/15/	2025		
☐ SIMULATOR TEMPI	ERATURE (34°C ± 0	.2°C) SIN	/i. SN	SIM. NIST EX	P 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 1099		TEST 2 ▼ .099		TEST 3 .096			
☑ RFI DETECTOR OPE	ERATING						
INDICATE THE NUMBER (DO NOT INCLUDE SEL			G RANGES SINCE T	HE LAST MAINTENAI	NCE REPORT:		
REFUSALS	(004)	(.0509)	(.1014)	(.1519)	(OVER .19)		
List any new parts and d established limits (use of			as made to restore th	ne instrument to opera	te satisfactorily and within		
INSPECTING OFFICER	SPURE.	S-7-7-			STATE OF THE REAL PROPERTY.		
SIGNATURE	6-			RINT NAME John L. Foster			
ТҮРЕ II РЕЯМІТ NUMBER/EXPIRATION DA É 230163 Exp-08/07/2025				TELEPHONE NUMBER (816) 596-8206			
Return completed repor		cohol Program, MO Dep			theast District Office		

SAINT JOSEPH POLICE DEPARTMENT MONTHLY MAINTENANCE REPORT ASIV-W/PRINTER

LEC.	AS IV Serial no: 111763 Uersion no: 532B TEST RECORD 80703 Temp Date Time 2101 Air Blank: 87788/24 89:35 .800 Calibration Check: 22 87788/24 89:35 .899 Subject Name Subject Name Location Sol Ecaen Street Location Sint Disea Molivo	
	AS IV Serial no: 111763 Version no: 5328 TEST RECORD 00784 Firm Date Time 2181 Air Blank: 87/88/24 89:37 .888 Calibration Check: 23 87/88/24 89:37 .899 Subject Name Monthly Tasty Subject Name 1 7654 2 1897 Operator Name: I.D. 52 18 20 54 Location St. Joseph Wollow	
	AS IV Serial not 111763 Version not 532B TEST RECORD 80705 Serial not 111763 TEST RECORD 80705 Serial Right Time 2101 Air Blank: 67/08/24 89:38 .000 Calibration Check: 23 97/08/24 39:38 .000 Subject Name Mouthy Test Subject I.D. Location Location Location	
	AS IU Serial no: 111763 Uersion no: 532B TEST RECORD 80786 s/ Temp Date Time 210L UOID: RFI 12 87/08/24 89:39 Subject Name Manfall Location Coestion 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: 15-Feb-2023

Lot # AG304601 **Model** 108

Exp Date 15-Feb-2025 Cyl. Type 108 Component Ethanol

Certified Concentration

0.100 ± 2% BrAC (272 ppm)

Nitrogen

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
EB0010561	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 analysis Location:Airgas USA LLC (Lab) Date:02.16.2023 13:50

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



PERMIT TYPE II JOHN L. FOSTER

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 EC/IR II for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections

DATE 8/7/2023

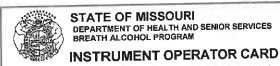
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

EXPIRES 8/7/2025

DIRECTOR OF DEPARTMENT OF HEALTH AND SERVICES

MO 580-0771 (6-10)

LAB-4 (R6-10)



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

Operator FOSTER, JOHN

Permit No 230163 Date Issued 8/7/2023 Date Expires 8/7/2025

