

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

RECEIVED By Tracy Crews at 8:53 am, Oct 07, 2024

REPORT #7

Complete this report in dup				nce check, and wher	never instrument is repaired.
ALCO SENSOR IV SN 119731		NAME OF AGENCY St. Clair County SO (MSC)			OF INSPECTION 4/2024
LOCATION OF INSTRUMENT (ST 1200 S. Holden St. Wari		093		TIME 0 10:36	of Inspection 8 am
CHECKLIST: Place a mark where determined.) Unmar				vithin established lim	its. (Write in observed values
DIGITAL READOUT (ALL ELEMENTS O	PERATIONAL)			
☑ TEMPERATURE OF A	LCO SENSOR (10	0°C - 40°C)			
PRINTER WORKING	PROPERLY				
✓ TIME AND DATE DISE	PLAYING PROPER	RLY			
BREATH ALCOHOL ACC	URACY STAN <mark>DAF</mark>	DS			
☐ SIMULATOR SOLUTION	☐ SIMULATOR SOLUTION ☐ COMPRESSED ETHANOL-GAS MIXTURE				
STANDARD SUPPLIER Intoximeter		L	LOT # AG311004 EXP. DATE 04/20/2025		
SIMULATOR TEMPER	RATURE (34°C ± 0	.2°C) SII	И. SN	SIM. NIST E	EXP DATE
☐ 0.080% STANDARD - MUST READ☐ 0.040% STANDARD - MUST READ		BETWEEN 0.095% and 0.105% INCLUSIVI BETWEEN 0.076% and 0.084% INCLUSIVI BETWEEN 0.038% and 0.042% INCLUSIVI TEST 2 .096		E E	
RFI DETECTOR OPER	BATING		J		· · · · · · · · · · · · · · · · · · ·
INDICATE THE NUMBER (DO NOT INCLUDE SELF	OF BREATH TES		G RANGES SINCE T	HE LAST MAINTEN	IANCE REPORT:
REFUSALS	(004)	(.0509)	(.1014)	(.1519)	(OVER .19)
established limits (use oth Reset Master CPU chip INSPECTING OFFICER) SIGNATURE THE TIPERMIT NUMBER/EXPIRATION	er side if necessary		was made to restore	PRINT NAME Ryan Schildknech TELEPHONE NUMBER	erate satisfactorily and within
230225 10/19/2025				(660) 543-4573	North and District Collection
Return coses eluc regoni		lcohol Program, MO De fax, or email.	partment of Health ar	nd Senior Services, S	Southeast District Office

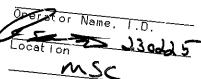
AS IV Serial no: 119731 Version no: 532C TEST RECORD 00301 Temp Date Time 210L Air Blank: 10/04/24 10:36 .000 Calibration Check: 23 10/04/24 10:36 .096 Subject Name
Subject I.D. Operator Name, I.D. 330792

AS IV Serial no: 119731 Version no: 532C TEST RECORD 00300 Temp Date Time 210L Air Blank: 10/04/24 10:35 .000 Calibration Check: 22 10/04/24 10:35 .096 Subject Name Test Subject I.D. Opplator Name, I.D. 230225

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AS IV Serial no: 119731 Version no: 5320 TEST RECORD 00302 Temp Date Time 210L Air Blank: 10/04/24 10:38 .000 Calibration Check: 23 10/04/24 10:38 .096 Subject Name Ore ator Name, I.D. ocation

AS IV Serial no: 119731 Version no: 5320 TEST RECORD 00303 Temp Date Time 210L VOID RF1 12 10/04/24 10:39 Subje Name V 5 1 5 6 4 Subject 1.D.





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: 24-Apr-2023

Lot # AG311004 Model 108

Exp Date 20-Apr-2025 Cyl. Type 108

Component

Certified Concentration 0.100 ± 2% BrAC (272 ppm)

Ethanol

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		

or many starts of the B. B. B.	O	CRM Serial
CRM Serial No.	Concentration	CKW Serial
CC7 27 4 8 1	600.0 ppm	CC727493
G C727496	253. 0 ppm	CC727498

Concentration 390.0 ppm

No.

150.0 ppm

Analytical Method: NDIR

Olgitally signed by:Quality Control Reason:Dry gas standard certification of analysis Location:Airgas USA LLC (Lab) Date:05.05.2023 12:02

Approved for Release:

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

RYAN SCHILDKNECHT

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

INTOX DMT, INTOXILYZER 8000, INTOX EC/IR II, ASIV W/PRINTER

for 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.

DATE1	10/19/2023	Lama 4 Nag
	10/17/2020	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER	230225	
EADIDEG	10/19/2025	, acting director
EVLIUEA		DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES
		LAD A (De 1

MO 580-0771 (6-10)

LAB-4 (R6-10)



Date Issued 10/19/2023 Date Expires 10/19/2025