

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 Sen ALCO SENSOR IV SN 119735		NAME OF AGENCY AURORA POLICE DEPARTMENT		D	ATE OF INSPECTION 18/30/2024	
LOCATION OF INSTRUMENT (STREET AND CITY) 106 S. ELLIOTT AVE. AURORA, MISSOURI, 65605				1	IME OF INSPECTION ':00 am	
			factory or if operating		limits. (Write in observed values	
where determined.) Unma	arked items must be	corrected before using	instrument.			
☑ DIGITAL READOUT	(ALL ELEMENTS C	PERATIONAL)		MANNAN AND AND AND AND AND AND AND AND AN	NOTATION AND THE PROPERTY OF T	
✓ TEMPERATURE OF ALCO SENSOR (10°C - 40°C)						
PRINTER WORKING PROPERLY						
☑ TIME AND DATE DIS	SPLAYING PROPE	RLY				
BREATH ALCOHOL AC	CURACY STANDA	RDS				
☐ SIMULATOR SOLUT	☐ SIMULATOR SOLUTION		☑ COMPRESSED ETHANOL-GAS MIXTURE			
STANDARD SUPPLIER INTOXIMETERS		RS L	OT # AG316601 EXP. DATE 06/15/2025			
☐ SIMULATOR TEMPE	ERATURE (34°C ± 0).2°C) SII	м. sn	SIM. NI	ST EXP DATE	
✓ 0.100% STAND✓ 0.080% STAND	ARD - MUST READ ARD - MUST READ	e standard solution being DBETWEEN 0.095% and DBETWEEN 0.076% and DBETWEEN 0.038% and	d 0.105% INCLUSIVE d 0.084% INCLUSIVE	Ξ Ξ		
TEST 1 🕶 .095		TEST 2 ☎ .095		TEST 3 .095		
☑ RFI DETECTOR OPE	ERATING					
INDICATE THE NUMBER (DO NOT INCLUDE SEL			G RANGES SINCE	THE LAST MAIN	TENANCE REPORT:	
REFUSALS	(004)	(.0509)	(.1014)	(.1519)	(OVER .19)	
List any new parts and d established limits (use otl			vas made to restore	the instrument to	operate satisfactorily and within	
INSPECTING OFFICER			-	CONT. NAME		
SIGNATURE	Lych			PRINT NAME Tatum Maples		
TYPE II PERMIT NUMBER/EXPIRATION 8	1			TELEPHONE NUMBER (417) 678-502	5	
	rt to the: Breath A	lcohol Program, MO De fax, or email.	partment of Health a	nd Senior Service	s, Southeast District Office	



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-Jun-2023

Lot # AG316601 Model 108

Exp Date 15-Jun-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:Afrgas USA LLC (Lab) Date:06.15.2023 17:38

Approved for Release:

Pad Marcala

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

AS IV Serial no: 119735 Version no: 532C TEST RECORD 00037 Temp Date Time 210L VOID: RFI 12 08/30/24 07:35 Subject Name RELLARM Nice: 1.D. RE
AS IV Serial no: 119735 Version no: 532C TEST RECORD 00036 Temp Date Time 210L Air Blank: 08/30/24 07:31 .000 25 08/30/24 07:31 .000 25 08/30/24 07:31 .095 Subject Name from Name I.D. ## 3 Operator Name I.D.
AS IV Serial no: 119735 Version no: 532C TEST RECORD 00035 Temp Date Time 210L AIr Blank: 08/30/24 07:27 .000 Calibration Check: 26 08/30/24 07:27 .095 Subject Name Maint Acst # 2 Subject I.D. \$ 2 Operator Name. I.D. \$ 2 Operator Name. I.D. AC Operator Name.
AS IN Serial no: 119735 Version no: 532C EST RECORD 00034 Temp Date Time 210L Air Blank: Air Blank: Callibration Check: 26 08/30/24 07:19.000 Callibration Check: 26 08/30/24 07:19.095 Subject Name MG: At 4t 4t Subject I.D. # (Operator Name I.D. Aucora PO Rep. 8/29/26 [Ocation Rep. 7/20/46 Aucora PO [Ocation Rep. 7/20/46 [Ocation Rep. 8/29/26 [Oca



STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



PERMIT TYPE II

TATUM MAPLES

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

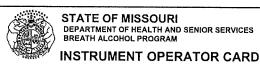
ALCO-SENSOR IV WITH PRINTER, INTOX EC/IR II

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE8/29/2024	Mile Massur
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 240192	
EXPIRES 8/29/2026	Daves J. Michelson
	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR 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 ali in Missouri.

Operator MAPLES, TATUM

