

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERV STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENAN

RECEIVED

By Tracy Crews at 7:35 am, Jul 30, 2024

Complete this report in duplicate at the time of the regular monthly preventative maintenance check, and whenever instrument is repaired. Send copy to Department of Health and Senior Services; retain original in department file.

Send copy to Department of	i neaim and Seni	or Services; retain on	Jinai in department tile	9.		
ALCO SENSOR IV SN 120503		NAME OF AGENCY Jefferson County SO (MSC)			DATE OF INSPECTION 07/29/2024	
LOCATION OF INSTRUMENT (STR 1200 S. Holden St. Warre	ensburg, MO 64				TIME OF INSPECTION 11:06 am	
CHECKLIST: Place a mark i where determined.) Unmark				g within establish	ed limits. (Write in observed values	
DIGITAL READOUT (A	LL ELEMENTS C	PERATIONAL)				
✓ TEMPERATURE OF ALCO SENSOR (10°C - 40°C)						
✓ PRINTER WORKING PROPERLY						
☑ TIME AND DATE DISP	**************************************					
BREATH ALCOHOL ACCU	RACY STANDAR	RDS				
☐ SIMULATOR SOLUTIO	3 SIMULATOR SOLUTION		☑ COMPRESSED ETHANOL-GAS MIXTURE			
STANDARD SUPPLIEF	Intoximeter's	LOT # AG309501		EXP. DATE <u>04/05/2025</u>		
☐ SIMULATOR TEMPERA	ATURE (34°C ± 0	.2°C) S	3IM. SN	SIM. Î	SIM. NIST EXP 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 1 ■ .097 TEST 2 ■ .097 TEST 3 ■ .097						
RFI DETECTOR OPER	<u></u>	.097		120.0 ,097		
INDICATE THE NUMBER O		TS IN THE FOLLOWI	NG RANGES SINCE	THE LAST MAI	NTFNANCE REPORT:	
(DO NOT INCLUDE SELF-				***************************************	1 1 1 mm 1 1/2 11 11 11 11 11 11 11 11 11 11 11 11 11	
REFUSALS (0)04)	(.0509)	(.1014)	(.1519)	(OVER .19)	
List any new parts and desi established limits (use other Updated time.			: was made to restore	the instrument	to operate satisfactorily and within	
INSPECTING OFFICER SIGNATURE				PRINT NAME		
•				3	Ryan Schildknecht	
TYPE II PERMIT NUMBER/EXPIRATION DATE 230225 10/19/2025				TELEPHONE NUMBER (660) 543-4573		
Return completed report to		cohol Program, MO D ax, or email.	epartment of Health a	and Senior Service	ces, Southeast District Office	

AS IV Serial no: 120503
Version no: 532C

TEST RECORD 00003

Temp Date Time 210L

Air Blank: 07/29/24 11:06 .000
Calibration: 24 07/29/24 11:06 .097

Subject Name

CA

Subject I.D.

Operator Name, I.D.

Shull 230225

Location

MSC

AS IV Serial no: 120503 Version no: 532C

TEST RECORD 00004

Temp Date Time 210L

Air Blank:
07/29/24 11:08 .000

Calibration Check:
25 07/29/24 11:08 .097

Subject Name

Subject I.D.

Operator Name, I.D.

Location

MSC

AS IV Serial no: 120503
Version no: 532C

TEST RECORD 00005
9/
Temp Date Time 210L

Air Blank: 07/29/24 11:10 .000
Calibration Check: 26 07/29/24 11:10 .097

Subject Name
Test D.

Operator Name, I.D.
Location

AS IV S Version	erlal no:	no: 12 532C	0503		
TEST	RECOR	000 g	a/		
Temp	Dat e	Time	210L		
Air Bia	29/24	11:11	.000		
1 1 1 1 - 6	tion (29/24	.heck:	. 097		
Subject Name					
Subject 1.D.					
Oper pt	or Nam	e, I.D			
168hm	, The	<u>= 13</u>	3 2 L T		
Locati	on IV	- (5C			

100500				
AS IV Serial no: 120503 Version no: 532C				
TEST RECORD 00007				
Temp Date Time 210L				
VOID: RF! 12 07/29/24 11:12				
Subject Name				
RFI				
Subject 1.D.				
Operator Name, I.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: 5-Apr-2023

Lot # AG309501 Model 108

Exp Date 5-Apr-2025 Cyl. Type 108 Component Ethanol Certified Concentration 0.100 ± 2% BrAC (272 ppm)

S Cuite

Nitrogen

Certification Traceable to N.I.S.T. RGM and to CRM Ethanol Standards:

RGM Serial No. Concentration RGM Serial No. EB0010581 391.8 ppm EB0010603 EB0010570 259.8 ppm EB0010559 EB0010285 209.0 ppm EB0010562 EB0010561 103.7 ppm EB0010579 EB0010681 52.22 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

Concentration

392.5 ppm

258.9 ppm

104.2 ppm

52.94 ppm

Analytical Method: NDIR

Digitally signed by:Quality Control Reason:Dry gas standard certification of analysis Location:Airgas USA LLC (Lab) Date:04.05.2023 17:34

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

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.

DATE	10/19/2023	Lama G. Wary
D, (1 L		DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER	230225	
EXPIRES	10/19/2025	, acting director
		DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES
MD 690 0774 /6	101	1 AB-4 /B6-1

MO 580-0771 (6-10)

