

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

| A MESSAGE | | | | | | | | ·· · · · · · · · · · · · · · · · · · · |
|---|----------------------|--|-----------------------|-----------|-------------------------------|----------------------------|---------------------|--|
| Complete this report in c Send copy to Departmen | | - | | | nce check, an | d whene | ver instrument is | repaired. |
| ALCO SENSOR IV SN 100288 | | NAME OF AGENCY St. Louis County Police Departmen | | | DATE OF INSPECTION 02/27/2025 | | | |
| LOCATION OF INSTRUMENT (STREET AND CITY) 14301 South Outer Forty Road, St. Louis, MO 63017 | | | | | | TIME OF INSPECTION 2:30 pm | | |
| CHECKLIST: Place a ma | rk in the box by eac | h item if found to be | satisfactory or if op | erating v | vithin establish | ned limits. | . (Write in observe | ed values |
| where determined.) Unmarked items must be corrected before using instrument. | | | | | | | | |
| ☑ DIGITAL READOUT (ALL ELEMENTS OPERATIONAL) | | | | | | | | |
| ✓ TEMPERATURE OF ALCO SENSOR (10°C - 40°C) | | | | | | | | |
| ✓ PRINTER WORKING PROPERLY | | | | | | | | |
| ☑ TIME AND DATE DISPLAYING PROPERLY | | | | | | | | |
| BREATH ALCOHOL ACCURACY STANDARDS | | | | | | | | |
| ☐ SIMULATOR SOLUTION ☐ COMPRESSED ETHANOL-GAS MIXTURE | | | | | | | | |
| STANDARD SUPPL | IER Intoximeters | | LOT # AG321 | 505 | EXP. DATE | 08/03/2 | 2025 | |
| ☐ SIMULATOR TEMPERATURE (34°C ± 0.2°C) SIM. SN 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 ■ .102 | | TEST 2 ■ .102 | | Т | TEST 3 ☞ .101 | | | |
| ✓ RFI DETECTOR OPERATING | | | | | | | | |
| INDICATE THE NUMBE | R OF BREATH TES | STS IN THE FOLLO | WING RANGES S | INCE TH | IE LAST MAI | NTENAN | ICE REPORT: | |
| INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: (DO NOT INCLUDE SELF-ADMINISTERED TESTS) | | | | | | | | |
| REFUSALS 0 | (004) 0 | (.0509) 0 | (.1014) | 0 | (.1519) | 0 | (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). | | | | | | | | |
| | ٠ | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| INSPECTING OFFICER | | | | | | | | |
| SIGNATURE 4553 | | | | | PRINT NAME PO Tosie DSN 4553 | | | |
| TYPE II PERMIT NUMBER/EXPIRATION DATE | | | | | TELEPHONE NUMBER | | | |
| 240128 05/29/2026 | | | | | (636) 529-8210 | | | |
| Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office by mail, fax, or email. | | | | | | | | |

AS IV Serial no: 180288
Version no: 532B

TEST RECORD 00694

Temp Bate Time 2191.

Air Blank: 02/27/25 14:37 .000
Calibration Check: 19 02/27/25 14:37 .102

Subject Name

Test Hame

Operator Name I.D.

Poliose 4553
Location

Monof TMC

AS IV Serial no: 100288
Version no: 532B

TEST RECORD 00895

Temp Date Time 216L

Air Blank:
02/27/25 14:39 .000

Calibration Check:
20 02/27/25 14:39 .102

Subject Name

CS #2

Subject I.D.

MA

Operator Name, I.D.

Location

ns IV Serial no: 100288 Version no: 5328

TEST RECORD 00896

9/ Tamp Dato **Time** 2100.

Air Blank: 02/27/25 14:46 .000 Calibration Check:

21 02/27/25 14:46 .101

Subject Mame

T031+13

Subject I.D.

Operator Name: I.D.

PIOTTOSIE 4553

Location

MODUL TUCOM

AS IV Serial no: 180288 Version no: 53%6

TEST RECORD 00897

W.

VOID: RFI

12 0**2/27**/25 14:48

Subject Name

Subject 1.1.

Segmentar Names I.D.

PO. Toil 4353

LOCALION

MODEL INC



Airyas 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

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 | | | | |

Concentration RGM Serial No. 392.5 ppm EB0010603 EB0010559 258.9 ppm 104.2 ppm EB0010662 EB0010579 52.94 ppm

CRM Serial No. CC727481

Concentration 800.0 ppm

CC727496

253.0 ppm

CRM Sorial No.

Concentration 390.0 ppm

CC727493 CC727498

150.0 ppm

Analytical Method: NDIR

Olgileily signed by:Gwelly Control Reanon:Dry gae standard certification of analysis Location:Africa USA LLC (Lab) Duto:08.03.2023 17:60

Approved for Release:

Yusef Woods

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

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

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

DATE 5/29/2024

DATE 40128

DATE 240128

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

MO 580-0771 (6-10)

EXPIRES 5/29/2026_

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES



STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES BREATH ALCOHOL PROGRAM

INSTRUMENT OPERATOR CARD

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

Operator

TOSIE, ROBERT

Permit No 240128 Date Issued 5/29/2024

Date Expires 5/29/2026

