

## MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

# RECEIVED By Tracy Crews at 9:26 am, Feb 24, 2025

#### ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

| 465.6233  |  |   |  |                                 |                              |  |
|---|--|---|--|---------------------------------|------------------------------|--|
|   |  |   | nthly preventative mainten<br>original in department file  |                                 | ver instrument is repaired.  |  |
| ALCO SENSOR IV SN<br>102454                             |  | NAME OF AGENCY Monett PD (MSC)              |  | DATE OF INSPECTION 02/21/2025   |                              |  |
| LOCATION OF INSTRUMENT (S<br>1200 S. Holden St Wai      |  | 93  |  | TIME OF INSPECTION<br>10:27 am  |                              |  |
| CHECKLIST: Place a ma<br>where determined.) Unma        | rk in the box by eacl<br>arked items must be   | n item if found to be<br>e corrected before | satisfactory or if operating using instrument.   | ı within established limits     | . (Write in observed values  |  |
| DIGITAL READOUT   | (ALL ELEMENTS C  | PERATIONAL)                                 |  |                                 |                              |  |
| ☑ TEMPERATURE OF ALCO SENSOR (10°C - 40°C)              |  |   |  |                                 |                              |  |
| PRINTER WORKING PROPERLY                                |  |   |  |                                 |                              |  |
| ☑ TIME AND DATE DISPLAYING PROPERLY                     |  |   |  |                                 |                              |  |
| BREATH ALCOHOL ACC                                      | CURACY STANDA  | RDS   |  |                                 |                              |  |
| ☐ SIMULATOR SOLUTION                                    |  |   | ☑ COMPRESSED ETHANOL-GAS MIXTURE   |                                 |                              |  |
| STANDARD SUPPLI   | ER Intoximeters  |   | LOT # <u>AG311004</u>  | EXP. DATE 04/20/2               | 2025                         |  |
| ☐ SIMULATOR TEMPE                                       | ERATURE (34°C ± (  | ).2°C)                                      | SIM. SN  | SIM. NIST EXP DATE              |                              |  |
| 0.100% STANDA<br>0.080% STANDA                          | ARD - MUST READ<br>ARD - MUST READ   | BETWEEN 0.095<br>BETWEEN 0.076              | being used. (PRINTOUT A<br>% and 0.105% INCLUSIV<br>% and 0.084% INCLUSIV<br>% and 0.042% INCLUSIV | E<br>E                          |                              |  |
| TEST 1 • .098   |  | TEST 2 .098                                 |  | TEST 3 ♥ .098                   |                              |  |
| RFI DETECTOR OPE  | ERATING  |   |  |                                 |                              |  |
| INDICATE THE NUMBER<br>(DO NOT INCLUDE SEL              |  |   | OWING RANGES SINCE   | THE LAST MAINTENAN              | ICE REPORT:                  |  |
| REFUSALS  | (004)  | (.0509)                                     | (.1014)  | (.1519)                         | (OVER .19)                   |  |
| List any new parts and d<br>established limits (use oth |  |   | that was made to restore   | the instrument to opera         | te satisfactorily and within |  |
| INSPECTING OFFICER                                      |  | renegges resumptions                        |  |                                 |                              |  |
| SIGNATURE   | And the second s |   |  | PRINT NAME<br>Ryan Schildknecht |                              |  |
| TYPE II PERMIT NUMBER/EXPIRATI<br>230225 10/19/2025     | ON DATE  |   |  | TELEPHONE NUMBER (660) 543-4573 |                              |  |
| Return completed repor                                  |  | lcohol Program, Mo<br>ax, or email.         | O Department of Health a   |                                 | heast District Office        |  |

AS IV Serial no: 102454 Wersion no: 532B AS IV Serial no: 102454 Version no: 532B TEST RECORD TEST RECORD 00429 Time 210L Temp Date Date Time 210L Air Blank: 02/21/25 10:27 .000 Air Blank: 02/21/25 10:28 .000 Calibration Check: Calibration Check: 25 02/21/25 10:27 .098 26 02/21/25 10:28 .098 Subject Mame Subject Mame 1054 Subject I.D. Operator Name: I.D. Operator Name, I.D. Location Location MSC MSC AS IV Serial no: 102454 Version no: 532B TEST RECORD 00431 Temp Date Time VOID: RFI 12 02/21/25 10:31 Subject Name Subject I.D. Operator Name, I.D. 12-8 Location

· MSC

AS IV Serial no: 102454
Version no: 5328

TEST RECORD 00430

Temp Date Time 210L

Air Blank:
62/21/25 10:29 .000
Calibration Check:
26 02/21/25 10:29 .098

Subject Name

Subject I.D.

Operator Name, I.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** 

Ethanol Nitrogen  $0.100 \pm 2\%$  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

RGM Serial No. Concentration
EB0010603 392.5 ppm
EB0010559 258.9 ppm
EB0010562 104.2 ppm
EB0010579 52.94 ppm

CRM Serial No. CC727481

Concentration 800.0 ppm 253.0 ppm CRM Serial No. CC727493 Concentration 390.0 ppm

CC727498

390.0 ppm 150.0 ppm

Analytical Method: NDIR

CC727496

Digitally 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:

Rod Marsala

Porl 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** 



#### 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 a Day   |
|---------|------------|--|
| DVIP    |            | DIRECTOR OF STATE PUBLIC HEALTH LABORATORY           |
| NUMBER  | 230225     |  |
| EXPIRES | 10/19/2025 | , acting director                                    |
|         |            | DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES |
|         |            | LAD A DOCA   |

MO 580-0771 (6-10)



instrument for the determination of the alcoholic content in breath form of expired air



Operator Permit No

230225

SCHILDKNECHT, RYAN

Date Issued 10/19/2023

Date Expires 10/19/2025