



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

RECEIVED  
 07/10/02 Expires at 2:12 pm, PMH/LS

REPORT #7

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.

ALCO SENSOR IV SN 102455	NAME OF AGENCY INDEPENDENCE	DATE OF INSPECTION 2-4-25
LOCATION OF INSTRUMENT (STREET AND CITY) 14609 E TRUMAN RD, INDEPENDENCE, MO		TIME OF INSPECTION 1524

**CHECKLIST:** Place a mark in the box by each item if found to be satisfactory or if operating within established limits. (Write in observed 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 SUPPLIER INTOXIMETERS LOT # AG311602 EXP. DATE 4-26-25
- SIMULATOR TEMPERATURE (34°C ± 0.2°C) \_\_\_\_\_ SIM. SN \_\_\_\_\_ SIM. NIST EXP DATE \_\_\_\_\_

- CALIBRATION CHECK – (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)  
 Run three tests using a standard solution. All three tests must be within ±5% of the standard value and must have a spread of .005 or 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 ● <u>.100</u>	TEST 2 ● <u>.100</u>	TEST 3 ● <u>.100</u>
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- RFI DETECTOR OPERATING

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:  
 (DO NOT INCLUDE SELF-ADMINISTERED TESTS)

REFUSALS	(0-.04) <u>2</u>	(.05-.09) <u>1</u>	(.10-.14) _____	(.15-.19) <u>1</u>	(OVER .19) <u>1</u>
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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).

**INSPECTING OFFICER**

SIGNATURE 	PRINT NAME B. SCHMIDL
TYPE II PERMIT NUMBER/EXPIRATION DATE 240084, 4/2/2026	TELEPHONE NUMBER 816-325-7300

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: 102455  
Version no: 532B

TEST RECORD 00443

Temp Date Time 210L

Air Blank:  
02/04/25 15:24 .000  
Calibration Check:  
29 02/04/25 15:24 .100

Subject Name  
MONTHLY TEST

Subject I.D. 240084

B. SCHMIDU

Operator Name, I.D.  
14609 E THUMAN RD

Location  
TEST 1

AS IV Serial no: 102455  
Version no: 532B

TEST RECORD 00444

Temp Date Time 210L

Air Blank:  
02/04/25 15:26 .000  
Calibration Check:  
29 02/04/25 15:26 .100

Subject Name  
MONTHLY TEST

Subject I.D. 240084

B. SCHMIDU

Operator Name, I.D.  
14609 E THUMAN RD

Location  
TEST 2

AS IV Serial no: 102455  
Version no: 532B

TEST RECORD 00445

Temp Date Time 210L

Air Blank:  
02/04/25 15:28 .000  
Calibration Check:  
29 02/04/25 15:28 .100

Subject Name  
MONTHLY TEST

Subject I.D. 240084

B. SCHMIDU

Operator Name, I.D.  
14609 E THUMAN RD

Location  
TEST 3

AS IV Serial no: 102455  
Version no: 532B

TEST RECORD 00446

Temp Date Time 210L

VOID: RFI  
12 02/04/25 15:32

Subject Name

MONTHLY TEST

Subject I.D. 240084

B. SCHMIDU

Operator Name, I.D.

14609 E THUMAN RD

Location

TEST 4



STATE OF MISSOURI  
 DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 BREATH ALCOHOL PROGRAM

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**PERMIT**  
**TYPE II**  
**BRETT SCHMIDLI**

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, INTOXILYZER 8000**

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

DATE 4/2/2024

NUMBER 240084

EXPIRES 4/2/2026

*Mike Mason*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*David J. Nicholson*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (RB-1)

MO 680-0771 (8-10)

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 SCHMIDLI, BRETT  
 Permit No 240084  
 Date Issued 4/2/2024 Date Expires 4/2/2026





Airgas USA LLC (LAB)  
 3500 Bernard Street  
 St. Louis, Mo. 63103  
 Ph: (314) 533-3100  
 Fax: (314) 533-7328

## Certificate of Analysis

Test Date: 26-Apr-2023

Customer Name  
 Exclusive Supplier  
 Intoximeters, Inc.  
 2081 Craig Road  
 St. Louis, Mo 63146

Lot # AG311602 Model 108

Exp Date 26-Apr-2023	Cyl. Type 108	Component Ethanol Nitrogen	Certified Concentration 0.100 ± 2% BrAC (272 ppm)
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Certification Traceable to N.I.S.T. RGM and to CRM Ethanol Standards:

RGM Serial No.	Concentration	RGM Serial No.	Concentration
EB0010561	391.8 ppm	EB0010563	392.6 ppm
EB0010570	259.8 ppm	EB0010559	258.9 ppm
EB0010285	209.0 ppm	EB0010562	104.2 ppm
EB0010561	103.7 ppm	EB0010579	52.04 ppm
EB0010681	52.22 ppm		

  

CRM Serial No.	Concentration	CRM Serial No.	Concentration
CC727481	800.0 ppm	CC727493	300.0 ppm
CC727496	263.0 ppm	CC727496	150.0 ppm

Analytical Method: NDIR

Digitally signed by Quality Control  
 Intoximeters and a standard certification of Airgas  
 Location: Airgas USA LLC (LAB)  
 Date: 2023.04.26 16:31

Approved for Release: Red Marsala  
 Red Marsala

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