

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

Complete this report in duplicate at the time o Send copy to Department of Health and Senio				d whenever	r instrument is	repaired.	
ALCO SENSOR IV SN 455	NAME OF AGENCY DEPENDENCE			DATE OF INSPECTION			
LOCATION OF INSTRUMENT (STREET AND CITY)	DU RD, IN	PEPFUDELCE	, Mo	TIME OF INS	PECTION		
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 1270XI METERS LOT # AG311602 EXP. DATE 4-26.25							
SIMULATOR TEMPERATURE (34°C ± 0.3	2°C) SI	M. SN	SIM. r	VIST 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 - , OO	EST 2, 🖛 💮	100	TEST 3 🖝	,11	O 0		
RFI DETECTOR OPERATING							
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: (DO NOT INCLUDE SELF-ADMINISTERED TESTS)							
1	ı	(10-14)	(15- 19)	1 10	OVER 19)	1	
REFUSALS (004) 2 (.0509) (.1014) (.1519) (OVER .19) 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 5	MMIL)4/		
TYPE II PERMIT NUMBER/EXPIRATION DATE	4/2/2026	,	TELEPHONE NUMBE	- 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: 5328

TEST RECORD 00443

Temp Date Time 218L

Air Blank: 92/04/25 15:24 .000 Calibration Check: 29 02/04/25 15:24 .100

Subject Name.

MONTHLY TEST

BSCHMIDLI THOOSY

14609 & TRUMAN

ocation

7EST 1

AS IV Serial no: 102455 Version no: 5328

TEST RECORD 00444

Temp Date Time 210L

hir Blank: 82/04/25 15:26 .000 Calibration Check:

Subject Name

MONTHLY TEST

Bublingt I.D. 24008

14609 F TRUMAN PD

Intation

TEST 2

AS IV Serial no: 102455 Version no: 532B

TEST RECORD 00445

Temp Date Time 218L

Air Blank:

02/04/25_15:28 ,000

Calibration Check:

29 02/04/25 15:28 .100

Subject Name

MONTHLY TEST

Subject 1.1. 140094

D. SCHMIDU

Operator Name: I.D.

14609 E Munay RD

Location

TEST 3

HS IV Serial not 182455
Version not 532B

TEST RECORD 88446

TEST RECORD 8846



MO 680-0771 (6-10)

STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



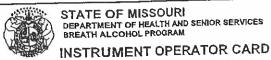
PERMIT TYPE II

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 samp	le of expired air: Permit issued under the provisions of section
577.020 through 577.041, RSMo and 306.111 through 306.119 R	Mile Massin
DATE 4/2/2024	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 240084	Daves I. Nichselson
EXPIRES 4/2/2026	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES



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 LLG (LAS) asod Bernard Sireer \$1. Louis, Mo. 69103 Ph: (314) 533-3100 Pax: (314) 533-7328

Certificate of Analysis

Test Date: 26-Apr-2023

Customer Name Exclusive supplier Intoximeters, Inc. 2091 Craig Road St. Louis, Mo 63146

Lot # AG311602 Model 108

Exp Date

Cyl. Typa

Component

Certified Concentration 0,100 ± 2% BrAC (272 ppm)

28-Agr-2029

108

Emand Nitrogen

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

Concentration ROM Serial No. EB0010581 391,8 ppm 259,8 ppm ÉB0010570 209,0 ppm ee0010265 103.7 ppm EB0010561 92,22 gpm EB0010681

Concentration RGM Serial No. 392.6 ppm EE0010603 258,9 ppm EB0010559 104,2 ppm EB0010562 52.94 ppm EB0010579

CRM Serial No.

CG727481 CC727496 Concentration mad 0.008 263,0 ppm

CRM Serial No. CC727493 CC727498

Concentration maa b,oes 150,0 ppm

Analytical Method:

NOIR

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Approved for Release:

And Marsh Red Marsala

180 17025:2017 A2LA accredited. Certificate Number 3082.06 ISO 17034:2016 AZLA aggredited. Cortificate Number 3082.07