



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

RECEIVED  
 BY: Tracy Christensen 7:57 am, Mar 25

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 3-3-25
LOCATION OF INSTRUMENT (STREET AND CITY) 14609 E Truman RD		TIME OF INSPECTION 1505

**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 1270XIMETERS LOT # AG 311602 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 • .099	TEST 2 • .099	TEST 3 • .099
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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) 2	(.05-.09) 1	(.10-.14)	(.15-.19) 3	(OVER .19)
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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 D. SCHMIDCI
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 00455

Temp Date Time 210L

Air Blank:  
03/03/25 15:05 .000  
Calibration Check:  
26 03/03/25 15:05 .099

Subject Name <sup>246089</sup>  
B. SCHMIDT

Subject I.D.  
MONTHLY TEST 1

Operator Name, I.D.

Location  
14609 E Truman  
RD

AS IV Serial no: 102455  
Version no: 532B

TEST RECORD 00456

Temp Date Time 210L

Air Blank:  
03/03/25 15:06 .000  
Calibration Check:  
27 03/03/25 15:06 .099

Subject Name  
TEST 2  
Subject I.D. <sup>246089</sup>  
B. SCHMIDT

Operator Name, I.D.  
McGoy & Truman  
Location RD  
MONTHLY TEST

AS IV Serial no: 102455  
Version no: 532B

TEST RECORD 00457

Temp Date Time 210L

Air Blank:  
03/03/25 15:08 .000  
Calibration Check:  
28 03/03/25 15:08 .099

Subject Name  
TEST 3  
Subject I.D. <sup>246089</sup>  
B. SCHMIDT  
Operator Name, I.D.  
14609 E Truman  
Location RD

MONTHLY TEST

AS IV Serial no: 102455  
Version no: 532B

TEST RECORD 00458

Temp Date Time 210L

VOID: RFI  
12 03/03/25 15:09

Subject Name  
TEST 4  
Subject I.D. <sup>246089</sup>  
B. SCHMIDT  
Operator Name, I.D.  
14609 E Truman  
Location RD

MONTHLY TEST



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: 26-Apr-2023

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
EE0010561	391.8 ppm	EE0010603	392.8 ppm
EE0010570	259.8 ppm	EE0010559	258.9 ppm
EE0010285	209.0 ppm	EE0010562	104.2 ppm
EE0010561	103.7 ppm	EE0010579	52.94 ppm
EE0010681	52.22 ppm		

CRM Serial No.	Concentration	CRM Serial No.	Concentration
CC727481	800.0 ppm	CC727493	200.0 ppm
CC727488	263.0 ppm	CC727488	150.0 ppm

Analytical Method: NDIR

Digitally signed by: Quality Control  
 Responsibility and Standard Certification of Analysis  
 Location: Airgas USA LLC (Lab)  
 Date: 26.04.2023 16:51

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

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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 repair 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 Masman*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*David J. Nielson*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 680-0771 (6-10)

LAB-4 (R)



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

