



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 of the Send copy to Department of Health and Senior S	he regular monthly preventative maintenar Services; retain original in department file.	nce check, and whenever instrument is repaired.	
ALCO SENSOR IV SN 105449	NAME OF AGENCY CITY OF MANCHESTER	DATE OF INSPECTION	
LOCATION OF INSTRUMENT (STREET AND CITY) 200 HIGHLAND BLVD MANCHESTER MO	63011	TIME OF INSPECTION	
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) 22 C			
PRINTER WORKING PROPERLY			
☑ TIME AND DATE DISPLAYING PROPERLY			
BREATH ALCOHOL ACCURACY STANDARDS	8		
☐ SIMULATOR SOLUTION	☑ COMPRESSED	ETHANOL-GAS MIXTURE	
STANDARD SUPPLIER GUTH LAB INTO	DXIMETERS LOT # A0311004	EXP. DATE 04/20/2025	
SIMULATOR TEMPERATURE (34°C ± 0.2°C	C) SIM. SN	SIM. NIST EXP DATE	
0.080% STANDARD - MUST READ BE 0.040% STANDARD - MUST READ BE	ETWEEN 0.095% and 0.105% INCLUSIVE ETWEEN 0.076% and 0.084% INCLUSIVE ETWEEN 0.038% and 0.042% INCLUSIVE		
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:			
(DO NOT INCLUDE SELF-ADMINISTERED TE	1	î î	
REFUSALS ∂ (004) ∂ ((.1014)	(.15 ₇ 9) (OVER .19)	
List any new parts and describe any alteration	or modification that was made to restore	he instrument to operate satisfactorily and within	
established limits (use other side if necessary).			
INSPECTING OFFICER			
SIGNATURE JULIAN MAN TYPE II PERMIT NIMBERJEXPIRATION DATE	5569 1271 2025	PRINT NAME	
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: 185449 Version no: 5378 UOID: REI 12 81/88/25 14:17 TOWN Subject Name Subject I. I. TEST RECORD 60399 Operator Name: I.I. Location. Date 300 Time 2191 AS IV Serial no: 185449 Version no: 532B Air Blanks Temp Subject Name Subject I.D. Operator Hames Incation 755 3 Date MODE

Calibration Check: 23 01/08/25 14:15 -181 TEST RECORD 00398 01/08/25 14:15 9/ Time 218L , 966 6

200 History n |---| |---| |---| 130061

> AS IV Serial not 185449 Version not 532B TEST RECORD 86397

Temp Date

Air Blank: 01/08/25 14:14 .000 Time 216L

Calibration Check: 22 81/88/25 14:14 .899

Subject Name

Special Fill

Operator Name, I.D.

Subject I.D.

location 230043

AS IV Serial no: 185449 Version no: 532B TEST RECORD 80396

Temp Subject Name Calibration Check: 22 01/08/25 14:12 .101 Air Blank: 01/08/25 14:12 .000 Date Time 218L

Location Operator Name: I.D. 1. Moon 230047



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

Component Ethanol

Certified Concentration

Nitrogen

 $0.100 \pm 2\%$ BrAC (272 ppm)

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

RGM Serial No. EB0010581 EB0010570

Concentration 391.8 ppm 259.8 ppm

209.0 ppm 103.7 ppm

RGM Serial No. EB0010603

392.5 ppm 258.9 ppm 104.2 ppm

Concentration

EB0010285 EB0010561 EB0010681

52.22 ppm

EB0010559 EB0010562 EB0010579

52.94 ppm

CRM Serial No.

Concentration

CRM Serial No.

Concentration

CC727481 CC727496 800.0 ppm 253.0 ppm CC727493 CC727498 390.0 ppm 150.0 ppm

Analytical Method: NDIR

Digitally signed by:Quality Control RespontDry gas standard certification of analysis Location:Airgas USA LLC (Lab) Date:05.05.2023 12:02

Approved for Release:

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 TYPE II

LOWELL MOORE

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 EC/IR II

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 3/27/2023	/ like / lassmi	
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY	
NUMBER 230047	Davla I. Nichelson	
EXPIRES 3/27/2025		
	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES	

MO 580-0771 (6-10)

LAB-4 (R6-10)



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

Operator MOORE, LOWELL

Permit No 230047

Date Issued 3/27/2023 Date Expires 3/27/2025

