



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

-oretr-						
Complete this report in duplicate at the tim Send copy to Department of Health and Se	e of the regular monthly p	preventative mainter	nance check, and	l whene	ever instrument is	s repaired
ALCO SENSOR IV SN 107972	NAME OF AGENCY			DATE OF INSPECTION 01/01/2025		
LOCATION OF INSTRUMENT (STREET AND CITY) 2111 E. COUNTY DR, COLUMBIA				TIME OF INSPECTION 10:04 pm		
CHECKLIST: Place a mark in the box by each where determined.) Unmarked items must be	ch item if found to be satisf	factory or if operating	g within establishe	ed limits	. (Write in observ	ved values
DIGITAL READOUT (ALL ELEMENTS		monument.				
☑ TEMPERATURE OF ALCO SENSOR (
PRINTER WORKING PROPERLY						
☑ TIME AND DATE DISPLAYING PROPE	RLY					
BREATH ALCOHOL ACCURACY STANDA						
☐ SIMULATOR SOLUTION		☑ COMPRESSE		S MIYT	TUDE	
	DC.					
STANDARD SUPPLIER INTOXIMETE		OT # AG407801				
SIMULATOR TEMPERATURE (34°C ±	0.2°C) SIM	1. SN	SIM. NI	IST EXF	P DATE	
less. Check the box corresponding to the 0.100% STANDARD - MUST READ 0.080% STANDARD - MUST READ 0.040% STANDARD - MUST READ	BETWEEN 0.095% and BETWEEN 0.076% and	0.105% INCLUSIVE 0.084% INCLUSIVE	E E			
TEST 1 ■ .102	TEST 2 .102		TEST 3 .101			
RFI DETECTOR OPERATING						
NDICATE THE NUMBER OF BREATH TES DO NOT INCLUDE SELF-ADMINISTERED	TS IN THE FOLLOWING TESTS)	RANGES SINCE	THE LAST MAIN	TENAN	CE REPORT:	
REFUSALS 0 (004) 0		(.1014) 0	(0	(OVER .19)	1
List any new parts and describe any alterationstablished limits (use other side if necessary INSTRUMENT OPERATING SATISFAC	/).					nd within
NSPECTING OFFICER						
IGNATURE LONG LANGE			PRINT NAME JOHNATHAN V	WELLS		
YPE I PERMIT NUMBER/EXPIRATION DATE 240088, 04/02/2026			TELEPHONE NUMBER (573) 875-1111			
Return completed report to the: Breath Ale	cohol Program, MO Depa ax, or email.	rtment of Health and			east District Office	ce

AS IV Serial no: 107972 Version no: 532B

Air Blank: 01/01/25 22:45 .000 Calibration Check: 22 01/01/25 22:45 .102 Temp TEST RECORD 01161 Date Time 210L

Subject Name

Subject I.D. lest One

Operator Name: I.D. Monthly Maintenance

J. Wells 2400BB Location

2111 6. County Dr

Cohumba, MO

AS IV Serial no: 107972 Version no: 532B

Air Blank: TOMP TEST RECORD 01162 Date Time 218L

Calibration Check: 22 01/01/25 22:47 .102 01/01/25 22:47

Subject Name

Subject I.D. lest Two

Operator Name, I.D. J. Ineus 240088 MONTHLY Manteneric

ful E. commy Br

Columba, Mo

AS IV Serial no: 107972 Version no: 532B

TEST RECORD 01163

Temp Date Time 210L

Air Blank:

01/01/25 22:51 .000 Calibration Check: 23 01/01/25 22:51 .101

Subject Name

Subject I.D. lest Three

Nonthly maintenance Operator Name, I.D.

Navello 240088

full & County Br

columba, mo

AS IV Serial no: 107972 Version no: 532B

TEST RECORD 01164

UQID: RFI 12 01/01/25 22:53 Temp Date Time 2101

Subject Name

Subject I.D.

Monthly Mankhane Operator Name, I.D.

on a rand or Location J. Wew 2400BB

Columbra mo



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: 19-Mar-2024

Lot # AG407801 Model 108

Exp Date 18-Mar-2026 Cyl. Type

Component

Certified Concentration

108

Ethanol Nitrogen 0.100 ± 2% BrAC (272 ppm)

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

CRM Serial No. CC727481

Concentration

799.4 ppm 253.4 ppm CRM Serial No.

CC727493 CC727498 Concentration

389.8 ppm 150.2 ppm

Analytical Method: NDIR

CC727496

Digitally signed by:Quality Control Reason:Dry gas standard certification of analysis Location:Airgas USA LLC (Lab) Date:03.22.2024 07:50

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

JOHNATHAN WELLS

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 DMT

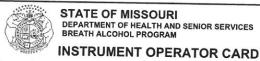
for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 4/2/2024	Mike Massin
NUMBER 240088	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
EXPIRES 4/2/2026	Davla J. Nichelson
W	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

THE PROPERTY OF THE PROPERTY O

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 air in Missouri.

Operator WELLS, JOHNATHAN

Permit No 240088 Date Issued 4/2/2024

Date Expires 4/2/2026

