

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

A Miles Service Control of the Contr						
Complete this report in duplicate at the time of Send copy to Department of Health and Senio				never instrument is rep	oaired.	
ALCO SENSOR IV SN 108388	NAME OF AGENCY St. Louis County	Police Department		OF INSPECTION 27/2025		
LOCATION OF INSTRUMENT (STREET AND CITY) 14301 SOUTH OUTER FOURTY MODOT TMC				OF INSPECTION pm		
CHECKLIST: Place a mark in the box by each	item if found to be satisf	factory or if operating	within established lim	its. (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 STANDAR	DS					
☐ SIMULATOR SOLUTION ☐ COMPRESSED ETHANOL-GAS MIXTURE						
✓ STANDARD SUPPLIER Intoximeters	L	OT # AG321505	EXP. DATE <u>08/0</u>	3/2025		
☐ SIMULATOR TEMPERATURE (34°C ± 0.	2°C) SIM	м. sn	SIM. NIST I	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 • .103	TEST 2 ■ .102		TEST 3 ♥ .102			
☑ 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 (004) 0	(.0509) 0	(.1014) 0	(.1519) 0	(OVER .19) 1	ı	
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).						
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INSPECTING OFFICER						
SIGNATURE USS			PRINT NAME PO Tosie DSN 45	53		
TYPE II PERMIT NUMBER/EXPIRATION DATE 240128 / 05292026			TELEPHONE NUMBER (636) 529-8210			
Return completed report to the: Breath Ald	cohol Program, MO Der ax, or email.	partment of Health an		outheast District Office		

P.O. Tosse 4550 Moport Time

Post HZ N/A Post The

Test#3 N/A P.O. Tosk 4853 MODOT TMC RFI N/A POSTOSK 4353 MOVOT TMC



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: 3-Aug-2023

Lot # AG321505 Model 108

Exp Date 3-Aug-2025 Cyl. Type 108

Component

Certified Concentration 0.100 ±2% BrAC (272 ppm)

Ethanol Nitrogen

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

RGM Serial No.	Concentration
EB0010581	391.8 ppm
EB0010570	259.8 ppm
EB0010285	209.0 ppm
EB0010561	103.7 ppm
EB0010681	52.22 ppm

EB0010559 EB0010562 EB0010579

392.5 ppm 258.9 ppm 104.2 ppm

Concentration

52.94 ppm

CRM Serial No.

Concontration

CC727481 CC727496 800.0 ppm 253.0 ppm CRM Serial No.

RGM Serial No. EB0010603

> Concentration 390.0 ppm

CC727493 CC727498

150.0 ppm

Analytical Method: NDIR

Digitally algued by:Guality Control Reason:Dry gas standard certification of analysis Location:Afgas USA LLC (Lab) Date:00.03.2023 17:68

Approved for Release:

Yusef Woods



STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



PERMIT TYPE || ROBERT TOSIE

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

DATE 5/29/2024

DATE 5/29/2024

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 240128

EXPIRES 5/29/2026

DIRECTOR OF DEPARTMENT OF HEALTH AND SERVICES

MO 580-0771 (6-10)

LAB-4 (R6-10)



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 all in Missouri.

Operator TO

TOSIE, ROBERT

Permit No 240128 Date Issued 5/29/2024

Date Expires 5/29/2026

