

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 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 108388	NAME OF AGENCY St. Louis County Police			TE OF INSPECTION 3/28/2025
LOCATION OF INSTRUMENT (STREET AND CITY) 14301 South Outer Forty Road, Chesterfield, MO 63017				ME OF INSPECTION 2:36
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 Intoximeters LOT # AG321505 EXP. DATE 08/03/2025				
SIMULATOR TEMPERATURE (34°C ± 0.2°C) SIM. SN		M. SN	SIM. NIST EXP DATE	
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 . 102	TEST 2 ▼ .101		TEST 3 ☞ .101	
✓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)	(.1519) 1	(OVER .19) ¹
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 PO Robert Tosie DSN 4553	
TYPE II PERMIT NUMBER/EXPIRATION DATE 240128 / 05/29/2026			TELEPHONE NUMBER (636) 529-8210	
Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office by mail, fax, or email.				

NIA P.O. Torse 4553 Modor MC Test-#2 N/A NO. Tosk 4553 MODOT TMC

TEFF #3 N/A POTOSTE 4959 MOUT TMC RFI MA Ros Took 4553 MODONTIMO

Airyas.

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

Ethanol Nitrogen **Certified Concentration**

0.100 ± 2% BrAC (272 ppm)

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

RGM Serial No. EB0010581

Concentration 391.8 ppm

EB0010603

EB0010570 EB0010285

259.8 ppm 209.0 ppm

EB0010561 103.7 ppm

EB0010681 52.22 ppm RGM Serial No.

EB0010559

392.5 ppm 258.9 ppm

Concentration

EB0010562

104.2 ppm

EB0010579

52,94 ppm

CRM Serial No.

CC727481

Concentration 800.0 ppm

CRM Serial No.

Concentration

CC727496

253.0 ppm

CC727493 CC727498 390,0 ppm 150.0 ppm

Analytical Method: NDIR

Digitally signed by:Guality Control Reason:Dry gas standard certification of analysis Lacetton:Afrgas USA LLC (Lub) Date:00.03.2023 17:50

Approved for Release:

Yusef Woods

ISO 17025:2017 A2LA accredited. Certificate Number 3082.06 ISO 17034:2016 A2LA accredited. Certificate Number 3082.07



MO 580-0771 (8-10)

STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES **BREATH ALCOHOL PROGRAM**



LAB-4 (R6-10)

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 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo. DATE 5/29/2024 DIRECTOR OF STATE PUBLIC HEALTH LABORATORY NUMBER 240128 Daven J. Michaelson EXPIRES 5/29/2026 DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES



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 nstrument for the determination of the alcoholic content in breath form of expired al

Permit No

TOSIE, ROBERT

240128

Date Expires 5/29/2026

