

## MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

REPORT #7

#### ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

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 336		NAME OF AGEN	PEND	ENC	E	DATE OF	NSPECTION 7075		
LOCATION OF INSTRUMENT (STREET	ET AND CITY)	RUMAW	RD, INDE	PEND	ENCE, Mo	TIME OF I	NSPECTION 1		
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 ACCUR	ACY STANDAR	RDS							
☐ SIMULATOR SOLUTION	☐ SIMULATOR SOLUTION ☐ COMPRESSED ETHANOL-GAS MIXTURE								
☐ STANDARD SUPPLIER _	1270411	n E7685	LOT#_AG.	31160	Z EXP. DATE	4	126/25		
☐ SIMULATOR TEMPERAT	URE (34°C ± 0	.2°C)	_ SIM. SN		SIM. P	NIST EXF	P 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 , 103		TEST 2 🖝	,103		TEST 3 🖝	a	201		
RFI DETECTOR OPERAT	ING			_					
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: (DO NOT INCLUDE SELF-ADMINISTERED TESTS)									
REFUSALS (04	<sub>04)</sub> 0	(.0509)	(.1014)	0	(.1519)	2	(OVER .19)	>	
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).									
(		<b>,</b>							
		Ť							
INSPECTING OFFICER		to the second				1911976			
SIGNATURE					PRINT NAME 5C	11.00	DU		
TYPE II PERMIT NUMBER/EXPIRATION DA	ATE 084				TELEPHONE NUMBE	R	7700		
Return completed report to	'	cohol Program M	O Department of I					e e	
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: 111336 Version no: 532B TEST RECORD 00317 9/ Teme Date Time 210L Air Blank: 02/04/25 15:02 .000 Calibration Check: 20 02/04/25 15:02 .103 Subject Name MONTHLY TEST Subject B.SCHMID4 Operato Name, I.D. 14609 E TRUMAN RD

Location
TEST

AS IV Serial no: 111336
Version no: 532B

TEST RECORD 0031S

Temp Date Time 210L

Air Blank: 02/04/25 15:05 .000
Calibration Check: 21 02/04/25 15:05 .103

Subject Name
Mon1miq 7657

Subject I.D.
D. Simmoy 24.074

Decrator Name: I.D.
19609 E Thin AD DD

Location
TEST 2

AS IV Serial no: 111336
Version no: 532B

TEST RECORD 00319
9/
Temp Date Time 210L

Air Blank: 02/04/25 15:07 .000
Calibration Check: 21 02/04/25 15:07 .103

Subject Name
MoNTHLY TEST

Subject I.D.
B. SCHMIDLY 14:084

Operator Name: I.B.
14609 E Monthly
Location
TEST 3

AS IV STATE INDESTRUCTION INDESTRUCTION IN SOLUTION IN THE SUBJECT Name

Subject Name

Mowthly Test
Subject I.D.
Subject I.D.
Subject Name

Mowthly Test

Subject Name

Thought

Location

Location

Location



Airgas USA LLO (LAB) 3500 Bernard Sireet št. Louis, Me. 63103 Ph; (314) 533-3100 Paxi (314) 533-7328

### Certificate of Analysis

Test Date: 26-Apr-2023

Customor Name Exclusive Supplier Intoximeters, inc. 2091 Craig Road St. Louis, Mo 62146

Lot # AG311602 Model 108

Exp Dato 26-Apr-2025 Cyl. Type 108

Component Ethanol

Certified Concentration 0.100 ± 2% BrAG (272 ppm)

Nitrogen

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

RGM Serial No. E80010581 E80010570 E80010285 E80010561 E80010681	Concentration 391.8 ppm 259.8 ppm 209.0 ppm 103.7 ppm 52.22 ppm	RGM Serial No. EB0010603 EB0010569 EB0010562 EB0010579	Concentration 392.6 ppm 258.9 ppm 104.2 ppm 52.94 ppm
		con sanal Na.	Concentration

CRM Serial No. CC727461 CC727496

Concentration mag 0,008 253,0 ppm

CRM Serial No. CC727493 CC727498

Concentration 390,0 ppm 150,0 ppm

Analytical Method: NDIR

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Approved for Releaset

Rad Marsala

ISO 17025:2017 A2LA acoredited. Certificate Number 3082.06 180 17034:2018 A2LA aggredited. Certificate Number 3082.07



#### STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



LAB-4 (RB-1

# 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

MO 580-0771 (6-10)



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

Operator SCHMIDLI, BRETT

Permit No 240084 Date Issued 4/2/2024 Date Expires 4/2/2026

