



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 STATE PUBLIC HEALTH LABORATORY
ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

RECEIVED
 BY: [unclear] Division of [unclear] [unclear]

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 111336	NAME OF AGENCY INDEPENDENCE	DATE OF INSPECTION 3-3-25
LOCATION OF INSTRUMENT (STREET AND CITY) 19609 E TRUMAN RD, INDEPENDENCE, MO		TIME OF INSPECTION 1537

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 140 TOXINETERS LOT # AG311602 EXP. DATE 4-26-2025

SIMULATOR TEMPERATURE (34°C ± 0.2°C) _____ SIM. SN _____ SIM. NIST EXP 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 • .100	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-.04)	(.05-.09) 1	(.10-.14)	(.15-.19)	(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).

INSPECTING OFFICER

SIGNATURE 	PRINT NAME B. SCHMIDT
TYPE II PERMIT NUMBER/EXPIRATION DATE 240084, 4/2/2026	TELEPHONE NUMBER 816-325-7300

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 00323

Temp Date Time ^{s/} 210L

Air Blank:
03/03/25 15:37 .000
Calibration Check:
20 03/03/25 15:37 .100

Subject Name

TEST 1

Subject I.D. 240074

B. SCHMIDT

Operator Name, I.D.

14609 E TRUMAN

Location

MONTHLY TEST

AS IV Serial no: 111336
Version no: 532B

TEST RECORD 00324

Temp Date Time ^{s/} 210L

Air Blank:
03/03/25 15:38 .000
Calibration Check:
20 03/03/25 15:38 .101

Subject Name

TEST 2

Subject I.D. 240084

B. SCHMIDT

Operator Name, I.D.

14609 E TRUMAN

Location

MONTHLY TEST

AS IV Serial no: 111336
Version no: 532B

TEST RECORD 00325

Temp Date Time ^{s/} 210L

Air Blank:
03/03/25 15:40 .000
Calibration Check:
21 03/03/25 15:40 .101

Subject Name

TEST 3

Subject I.D. 240084

B. SCHMIDT

Operator Name, I.D.

14609 E TRUMAN

Location

MONTHLY TEST

AS IV Serial no: 111336
Version no: 532B

TEST RECORD 00326

Temp Date Time ^{s/} 210L

UNITS
12 MAR 2005 15:41

Subject Name

TEST 4

Subject I.D.

240084

B. SCHMIDT

Operator Name, I.D.

14609 E TRUMAN

Location

MONTHLY TEST



Airgas USA LLC (LAB)
 3500 Bernard Street
 St. Louis, Mo. 63103
 Ph: (314) 633-3100
 Fax: (314) 633-7328

Certificate of Analysis

Test Date: 26-Apr-2023

Customer Name
 Exclusive Supplier
 Intoximeters, Inc.
 2081 Craig Road
 St. Louis, Mo 63146

Lot # AG311602 Model 108

Exp Date 26-Apr-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.	Concentration	RGM Serial No.	Concentration
EB0010584	391.8 ppm	EB0010603	392.8 ppm
EB0010570	259.8 ppm	EB0010659	258.9 ppm
EB0010285	209.0 ppm	EB0010682	104.2 ppm
EB0010561	103.7 ppm	EB0010679	62.94 ppm
EB0010681	52.22 ppm		

CRM Serial No.	Concentration	CRM Serial No.	Concentration
CC727481	800.0 ppm	CC727493	300.0 ppm
CC727496	253.0 ppm	CC727498	150.0 ppm

Analytical Method: NDIR

Digitally signed by Quality Control
 Intoximeters, Inc. (Airgas) certificate of analysis
 Location: Airgas USA LLC (LAB)
 Date: 2023.04.26 16:51

Approved for Release: Red Marsala
 Red Marsala

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

2

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

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

DATE 4/2/2024

NUMBER 240084

EXPIRES 4/2/2026

Mike Mason

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Paul F. Nicholson

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R8-1)

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 air in Missouri.

Operator SCHMIDLI, BRETT
 Permit No 240084
 Date Issued 4/2/2024 Date Expires 4/2/2026

