



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

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

REPORT #7

| 405663.   |  |                                 |                                 |                     |  |  |  |
|---|--|---------------------------------|---------------------------------|---------------------|--|--|--|
| Complete this report in du<br>Send copy to Department   |  | <b>.</b> .                      |                                 | nce check, and v    | whenever instrument is repaired.                     |  |  |
| ALCO SENSOR IV SN<br>111742   |  | NAME OF AGENCY St. Louis County | Police Department               |                     | DATE OF INSPECTION 01/11/2025                        |  |  |
| LOCATION OF INSTRUMENT (STREET AND CITY) 14301 S. Outer 40 Rd   |  |                                 |                                 |                     | TIME OF INSPECTION 3:05 pm                           |  |  |
| CHECKLIST: Place a mar  | k in the box by each i                     | tem if found to be satis        | factory or if operating y       | within established  | l limits. (Write in observed values                  |  |  |
| where determined.) Unma   |  |                                 | • •                             |                     | - Thinker (TVIII o III o o o o o o o o o o o o o o o |  |  |
| DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)  |  |                                 |                                 |                     |  |  |  |
| ✓ TEMPERATURE OF ALCO SENSOR (10°C - 40°C)  |  |                                 |                                 |                     |  |  |  |
| PRINTER WORKING   | PROPERLY                                   |                                 |                                 |                     |  |  |  |
| ☑ TIME AND DATE DIS   | PLAYING PROPERL                            | <b>.</b> Y                      |                                 |                     |  |  |  |
| BREATH ALCOHOL ACC  | URACY STANDARD                             | os                              |                                 |                     |  |  |  |
|   |  |                                 |                                 |                     |  |  |  |
| ☐ SIMULATOR SOLUT   | ☐ SIMULATOR SOLUTION ☑ COMPRESSED ETHANOL- |                                 |                                 |                     |  |  |  |
| STANDARD SUPPLIE  | ER Intoximeters                            | L                               | OT # AG321505                   | EXP. DATE 08        | 3/31/2025  |  |  |
| SIMULATOR TEMPERATURE (34°C ± 0.2°C) SIM. SN SIM. SN SIM. NIST EXP DATE   |  |                                 |                                 |                     | ST 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 • .100   | Т  | EST 2 🖝 .100                    | 7                               | EST 3 <b>☞</b> .099 |  |  |  |
| ☑ 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  | (004)                                      | (.0509)                         | (.1014)                         | (.1519)             | (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                      |                     |  |  |  |
| , Po  | 4412                                       | !                               | Michael White                   |                     |  |  |  |
| TYPE II PERMIT NUMBER/EXPLATION 230233 10/81/2025   |  |                                 | 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.

AS IV Serial no: 111742 Version no: 532B

TEST RECORD 00642

9/ 210L Time Dat e Air Blank: 01/11/25 15:06 .000 Calibration Check: 18 01/11/25 15:06 .100

Subject Name

Tesd Subject I.D.

Operator Name, I.D.

Myl 330333

14301 5,00 teryor

AS IV Serial no: 111742 Version no: 532B

TEST RECORD 00643

Date Time 210L Temp Air Blank: 01/11/25 15:07 .000 Calibration Check: 19 01/11/25 15:07 .100

Subject Name

lesd-Subject 1.D.

Operator Name, I.D. White 230233

Locat ion

14301 5,00tal

AS IV Serial no: 111742 Version no: 532B

TEST RECORD 00644

Temp Date Time 210L Air Blank: 01/11/25 15:10 .000 Calibration Check: 20 01/11/25 15:10 .099

Subject Name

Test I.D. Subject

Operator Name, I.D.

Shite 230233

14301 5,00k

AS IV Serial no: 111742 Version no: 532B

TEST RECORD 00645

Temp Date Time 210L VOID: RFI 12 01/11/25 15:11

Subject Name

Subject 1.D.

NET

Operator Name, I.D. White

Location

230233

14301 5,00tc



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 | #  | AG3         | 121 | 50 | 5 | И  | ode | 108 |
|-----|----|-------------|-----|----|---|----|-----|-----|
|     | 11 | $\neg \cup$ | -   |    |   | 71 | VUV |     |

**Exp Date** 3-Aug-2025 Cyl, Type 108

Component

**Certified Concentration** 

Ethanol

Nitrogen

0.100 ± 2% BrAC (272 ppm)

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

Concentration **RGM Serial No.** EB001.0581 391.8 ppm EB0010570 259.8 ppm 209.0 ppm EB0010285 EB0010561 103.7 ppm EB0010681 52.22 ppm

Concentration **RGM Serial No.** 392.5 ppm EB0010603 258.9 ppm 104.2 ppm EB0010559 EB0010562 EB0010579 52.94 ppm

**CRM Serial No.** CC727481 CC727496

Concentration 800.0 ppm 253.0 ppm

**CRM Serial No.** CC727493

**CC727498** 

Concentration 390.0 ppm 150.0-ppm

Analytical Method: NDIR

Digitally signed by:Quality Control ....... Reason:Dry gas standard certification of analysis Location:Airgas USA LLC.(Lab) Dete:08.03.2023 17:58

Approved for Release:

Yusef Woods

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

### MICHAEL WHITE

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.

| DATE10/31/2023     | Mike Massur  |
|--------------------|--|
|                    | DIRECTOR OF STATE PUBLIC HEALTH LABORATORY           |
| NUMBER 230233      |  |
| EXPIRES 10/31/2025 | Daves J. Nichelson                                   |
| NO 580-0771 (6-10) | DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES |



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.

WHITE, MICHAEL

Permit No 230233

Date Issued 10/31/2023 Date Expires 10/31/2025

