

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

Complete this report in d	luplicate at the time	of the regular m	onthly preventative ma	intenance check, and	whenever instrument is repaired.	
Send copy to Departmen	it of Health and Ser		<u> </u>	nt file.		
alco sensor iv sn 111742		NAME OF AGENCY St. Louis County Police Department		ment	DATE OF INSPECTION 02/26/2025	
LOCATION OF INSTRUMENT (14301 S. Outer Forty F		C)			TIME OF INSPECTION (3:3) P. P.	
CHECKLIST: Place a ma where determined.) Unm	•			ating within establish	ed limits. (Write in observed values	
☑ DIGITAL READOUT			o doing monament.			
✓ TEMPERATURE OF	·	-				
✓ PRINTER WORKING						
TIME AND DATE DISPLAYING PROPERLY BREATH ALCOHOL ACCURACY STANDARDS						
		TIPO .	M COMPDE	COED ETHANOL CA	AC MIVTUDE	
☐ SIMULATOR SOLUTION ☐ COMPRESSED ETHANOL-GAS MIXTURE						
STANDARD SUPPLIER Intoximeters LOT # AG321505 EXP. DATE 08/03/2025				08/03/2025		
☐ SIMULATOR TEMPERATURE (34°C ± 0.2°C)			SIM. SN	SIM. N	SIM. NIST EXP DATE	
0.080% STAND	ARD - MUST READ	BETWEEN 0.07	95% and 0.105% INCLL 76% and 0.084% INCLL 88% and 0.042% INCLL	JSIVE		
TEST 1 • .097		TEST 2 ▼ .096		TEST 309	TEST 3 .096	
☑ RFI DETECTOR OPE	ERATING					
INDICATE THE NUMBER			LOWING RANGES SIN	ICE THE LAST MAIN	NTENANCE REPORT:	
REFUSALS	(004)	(.0509)	(.1014)	(.1519)	(OVER .19)	
	L`				o operate satisfactorily and within	
established limits (use of	•					
			•			
INSPECTING OFFICER						
SIGNATURE	10			PRINT NAME Michael White		
TYPE II PERMIT NUMBOR/EXPIRAT	ION DATE		TELEPHONE NUMBER		3	
230233 10/31/2025				(636) 529-8210		
Return completed repor		lcohol Program, I fax, or email.	MO Department of Hea	Ith and Senior Servic	es, Southeast District Office	

AS IV Serial no: 111742 Version no: 532B TEST RECORD 00653 9/ Temp Date Time 210L Air Blank: 02/26/25 13:05 .000 Calibration Check: 20 02/26/25 13:05 .097 Subject Name Test. Subject I.D.

Locat Ion 14301 5,00 der 4079d

Operator Name, I.D.

White 230233

AS IV Serial no: 111742 Version no: 532B

TEST RECORD 00654

Temp Date Time 210L Air Blank: 02/26/25 13:06 .000 Calibration Check: 21 02/26/25 13:06 .096

Subject Name

Tesd Subject I.D.

Operator Name, I.D.

Chile 230233

14301 3,000

AS IV Serial no: 111742 Version no: 532B

TEST RECORD 00655

Temp Date Time 210L Air Blank: O2/26/25 13:10 .000 Calibration Check: 22 O2/26/25 13:10 .096

Subject Name

1€5d Subject I.D.

Operator Name, I.D.

White 230233

Locat Ion

14301 5,000

AS IV Serial no: 111742 Version no: 532B

TEST RECORD 00656

Temp Date Time 210L VOID: RFI

12 02/26/25 13:13

Subject Name

Tesd Subject I.D.

Operator Name, I.D.

White 230233

Location 143015,000



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 EB0010570 EB0010285 EB0010561

391.8 ppm 259.8 ppm 209.0 ppm

103.7 ppm 52.22 ppm

RGM Serial No.

Concentration EB0010603 392.5 ppm

EB0010559 EB0010562 EB0010579

258.9 ppm

104.2 ppm 52.94 ppm

CRM Serial No.

Concentration

CRM Serial No.

Concentration

CC727481 CC727496

EB0010681

mgq 0.008 253.0 ppm CC727493 CC727498 390.0 ppm 150.0 ppm

Analytical Method: NDIR

Digitally algned by:Quality Control Reason:Dry gas atendard certification of analysis Location:Airgas USA LLC (Lab) Date:08.03.2023 17:56

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 fro 577.020 through 577.041, RSMo and 306.111 through	om a sample of expired air. Permit issued under the provisions of sections 306.119 RSMs.		
DATE10/31/2023	Mile Majorn		
DALE IVISITAVAS	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY		
NUMBER 230233	Daves I. Nichelson		
EXPIRES 10/31/2025	DIRECTOR OF DEPARTMENT OF HEALTHAND SERVICES		
MQ 580-0774 (6-10)	LAB4 (RB19)		



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 al in Missays.

Operator WHITE, MICHAEL

Permit No 230233

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

