

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

RECEIVED By Tracy Crews at 7:43 am, Mar 10, 2025

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

イが出来る					
Complete this report in duplicate at the time of Send copy to Department of Health and Senior	**	nce check, and whenever instrument is repaired.			
ALCO SENSOR IV SN 111764	NAME OF AGENCY Maries County Sheriff's Office	DATE OF INSPECTION 03/08/2025			
LOCATION OF INSTRUMENT (STREET AND CITY) 211 4th Street Vienna, MO 65582		TIME OF INSPECTION 3:09 pm			
CHECKLIST: Place a mark in the box by each ite	em if found to be satisfactory or if operating	within established limits. (Write in observed values			
where determined.) Unmarked items must be co	orrected before using instrument.				
DIGITAL READOUT (ALL ELEMENTS OPE	ERATIONAL)				
✓ TEMPERATURE OF ALCO SENSOR (10°C - 40°C)					
PRINTER WORKING PROPERLY					
☑ TIME AND DATE DISPLAYING PROPERLY					
BREATH ALCOHOL ACCURACY STANDARDS	S				
☐ SIMULATOR SOLUTION ☐ COMPRESSED ETHANOL-GAS MIXTURE					
☑ STANDARD SUPPLIER Intoximeters	LOT # AG309501	EXP. DATE <u>03/08/2025</u>			
SIMULATOR TEMPERATURE (34°C ± 0.2°	°C) SIM. SN	SIM. NIST EXP DATE			
0.080% STANDARD - MUST READ BE	ETWEEN 0.095% and 0.105% INCLUSIVE ETWEEN 0.076% and 0.084% INCLUSIVE ETWEEN 0.038% and 0.042% INCLUSIVE				
TEST 1 .101 TE	ST 2 ☞ .100	TEST 3 .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 0 (004) 0 ((.0509) 0 (.1014) 0	(.1519) 0 (OVER .19) 0			
List any new parts and describe any alteration established limits (use other side if necessary). Monthly Maintenance	or modification that was made to restore t	he instrument to operate satisfactorily and within			
INSPECTING OFFICER					
SIGNATURE W	٠	PRINT NAME Mark Morgan			
TYPE II PERMIT NUMBER/EXPIRATION DATE 250015 02/05/2027		TELEPHONE NUMBER (573) 422-3381			
Return completed report to the: Breath Alcol by mail, fax,	· · · · · · · · · · · · · · · · · · ·	d Senior Services, Southeast District Office			

ev Colomba al de AS IV Seriel one illowed Version not 1470 as IV Serial not 110 of TEST 和加强的 多级错误 Jersian no: 582° PEGIT REPORTED PROSE Capp 2160. Trems 19816 TEST RECOVE 08852 Ties 2160. 110 Tem: Mate Air whenke Pemp To a Young 2007. 93,788,795 ; 4,455 , 986 Air Blandd Calibration Gastr Air lank: -03/98/25 15:13 .066 1: 08/08/20 at 10% aftit 03/08/25 JULIU .006 Calibration Check: 21 83/98/25 15:13 .183 colibration Circlet Subject Next 22 89/09/25 10:15 .409 Subvision Name Subject Reme SubJect I.D. Subject L.V. Open stor Names T. J. Operator Wasses 1.0. MORGAN 250015 fasti utan Makka I.B. MORGAN 250015 MOKGOD 256015 Location NKSO MUSD

Month of the 200 miles of the 200 miles



Airgas USA LLC (LAB) 3500 Bernard Street St. Louis, Mo. 63103 Pb. (314) 533-3100

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: 5-Apr-2023

Lot # AG309501 Model 108

Exp Date

Cyl. Type

Component

Certified Concentration

5-Apr-2025

108

Ethanol Nitrogen 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
EB0010581	391.8 ppm	EB0010603	392.5 ppm
EB0010570	259.8 ppm	EB0010559	258.9 ppm
EB0010285	209.0 ppm	EB0010562	104.2 ppm
EB0010561	103.7 ppm	EB0010579	52.94 ppm
EB0010681	52.22 ppm		

 CRM Serial No.
 Concentration
 CRM Serial No.
 Concentration

 CC727481
 800.0 ppm
 CC727493
 390.0 ppm

 CC727496
 253.0 ppm
 CC727498
 150.0 ppm

Analytical Method: NDIR

Digitally signed by:Quality Control Reason:Dry gas standard certification of analysis Location:Airgas USA LLC (Lab) Date:04.05.2023 17:34

Approved for Release:

Pad Marcala

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

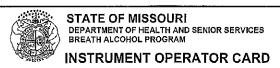
MARK D. MORGAN

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

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 ____2/5/2025_ DIRECTOR OF STATE PUBLIC HEALTH LABORATORY NUMBER 250015 Davla J. Michelson EXPIRES 2/5/2027 DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES MO 580-0771 (6-10)

LAB-4 (R6-10)



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

Operator

MORGAN, MARK 250015 Permit No

Date Expires 2/5/2027 Date [ssued 2/5/2025]

