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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 Send copy to Departmen					whenever instrun	nent is repaired.	
ALCO SENSOR IV SN 111767		NAME OF AGENCY Saint Joseph	Police Department		DATE OF INSPECTION 01/02/2025	N	
LOCATION OF INSTRUMENT ( 501 Faraon Street, Sa		TIME OF INSPECTION 10:15 am	1				
CHECKLIST: Place a ma where determined.) Unm				iting within establishe	ed limits. (Write in	observed values	
☑ DIGITAL READOUT			ing instrument.				
TEMPERATURE OF ALCO SENSOR (10°C - 40°C)							
PRINTER WORKING	G PROPERLY						
TIME AND DATE DI	SPLAYING PROPE	RLY					
BREATH ALCOHOL AC	CURACY STANDA	RDS					
☐ SIMULATOR SOLUT	FION		✓ COMPRES	SSED ETHANOL-GA	AS MIXTURE		
☑ STANDARD SUPPL	STANDARD SUPPLIER Intoximeters LOT # AG304601 EXP. DATE 02/15/2025						
SIMULATOR TEMPE	ERATURE (34°C ± 0	).2°C)	SIM. SN	SIM. N	IST EXP DATE _		
0.080% STAND	corresponding to the ARD - MUST READ ARD - MUST READ		ing used. (PRINTO) and 0.105% INCLU and 0.084% INCLU	UT ATTACHED) SIVE SIVE	nu musi nave a sp	nead of .005 of	
TEST 1   .103		TEST 2103		TEST 310	TEST 3   .103		
RFI DETECTOR OPE	ERATING						
INDICATE THE NUMBER (DO NOT INCLUDE SEL			VING RANGES SIN	CE THE LAST MAIN	ITENANCE REPO	RT:	
REFUSALS	(004)	(.0509)	(.1014)	(.1519)	(OVER .1	19)	
List any new parts and destablished limits (use of	her side if necessar	y).				torily and within	
The printout from the t	rirst test was stuck	in the printer. The	original attempt a	no reprint are attac	леа.		
INSPECTING OFFICER	N ICL SC.			10,2 14/4 2 1			
SIGNATURE	John L. Foste	John L. Foster					
TYPE PERMIT NUMBER/EXPIRATE 230163 Exp-08/07/2			TELEPHONE NUMBER (816) 596-820	TELEPHONE NUMBER (816) 596-8206			
Return completed report	rt to the: Breath A	Icohol Program, MO fax, or email.	Department of Heal			rict Office	

Operator Name, I.D. TER MONTHLY MAINTENANCE REPORT, SAINT JOSEPH

Location TMENT 501 FARAON STREET ST. JOSEPH MO. 64501

AS IV Serial no: 111767 Version no: 532B - Faran Stick Calibration Checks Subvient Name Date Subject (D. Air Blank: Mon H.L Location S AS IV Serial no: 111767 Version no: 532B 01/02/25 10:15 .000 21 81/82/25 18:15 ,183 TEST RECORD 00747 TEST RECORD - REPRINT 287 54. Bopino 64501 e E Deerator Name, I.D. Calibration Check: 750 Bub sect Name 161 Foras Date Air Blank Mondell ocation. 3.640, 古典古

AS IU Serial no: 111767 Calibration Check: 22 01/02/25 10:20 .103 01/02/25 10:20 .000 TEST RECORD 88749 Version no: Air Blank: A MA 218 01/02/25 10:18 .000 22 01/02/25 10:18 . 183 TEST RECORD 80748 Time

16 LO - 16 2 FA77 Perstor Name, I.D. 15 h the 6,0101

532b TEST RECORD 00750 AS IV Serial Version no:

SMI UOID: RFI 12 01/02/25 10:21 Date 

ZIGE

Time

Date

Su sect Name Subject I.D. (4.

Deerator Name, I.D. 05th -18

Location

2597

0

Brile

Subsect 1. D.

Subject Name

Perator Name, I.D.

Location

7



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: 15-Feb-2023

Lot # AG304601 Model 108

Exp Date 15-Feb-2025 Cyl. Type 108 Component Ethanol Certified Concentration

0.100 ± 2% BrAC (272 ppm)

Nitrogen

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

RGM Serial No. EB0010581	Concentration 391.8 ppm	RGM Serial No. EB0010603 EB0010559	Concentration 392.5 ppm 258.9 ppm	
EB0010570 EB0010285	259.8 ppm 209.0 ppm	EB0010569 EB0010562 EB0010579	104.2 ppm 52.94 ppm	
EB0010561 EB0010681	103.7 ppm 52.22 ppm	EB0010070	van i pp	

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:Airges USA LLC (Lab) Date:02.16.2023 13:50

Approved for Release:

Rod 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



# PERMIT TYPE || JOHN L. FOSTER

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 EC/IR II

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections

DATE 8/7/2023

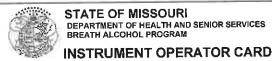
DATE 230163

EXPIRES 8/7/2025

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 air in Missouri

Operator FOSTER, JOHN

Permit No 230163

Date Issued 8/7/2023 Date Expires 8/7/2025

