





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

# ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

| Complete this report in c<br>Send copy to Departmen   | duplicate at the time                          | of the regular monthly<br>lior Services; retain origi   | preventative maintenai<br>inal in department file. | nce check, and wh            | nenever instrument is repaired. |  |
|---|--|---|--|------------------------------|---------------------------------|--|
| ALCO SENSOR IV SN<br>120495   |  | NAME OF AGENCY TANEY COUNTY SHERIFF OFFICE              |  |                              | E OF INSPECTION<br>/12/2025     |  |
| LOCATION OF INSTRUMENT 266 MAAIN ST FORS  |  |   |  | TIM                          | E OF INSPECTION                 |  |
| CHECKLIST: Place a ma<br>where determined.) Unm   | ark in the box by each<br>narked items must be | n item if found to be satis<br>e corrected before using | factory or if operating v<br>instrument.           |                              | mits. (Write in observed values |  |
| ☑ DIGITAL READOUT   | DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)     |   |  |                              |                                 |  |
| ☑ TEMPERATURE OF  | ✓ TEMPERATURE OF ALCO SENSOR (10°C - 40°C)     |   |  |                              |                                 |  |
| PRINTER WORKING   | G PROPERLY                                     |   |  |                              |                                 |  |
| ☑ TIME AND DATE DI  | ISPLAYING PROPE                                | RLY   |  |                              | S)                              |  |
| BREATH ALCOHOL AC   | CURACY STANDAR                                 | RDS   |  |                              |                                 |  |
| ☐ SIMULATOR SOLUTION  |  |   | ☑ COMPRESSED                                       | ETHANOL-GAS N                | MIXTURE                         |  |
| ☑ STANDARD SUPPL  | IER INTOXIMETE                                 | RS L  | OT # <u>AG407603</u>                               | EXP. DATE <u>03</u> /        | 16/2026                         |  |
| ☐ SIMULATOR TEMP  | ERATURE (34°C ± 0                              | ).2°C) SII  | M. SN  | SIM. NIST EXP DATE           |                                 |  |
| <ul> <li>✓ CALIBRATION CHECK – (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)</li> <li>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)</li> <li>✓ 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE</li> <li>✓ 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE</li> <li>✓ 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE</li> </ul> |  |   |  |                              |                                 |  |
| TEST 1 • 0.101  |  | TEST 2 0.101  | Т  | EST 3 • 0.100                |                                 |  |
| RFI DETECTOR OPE  | ERATING  |   |  |                              |                                 |  |
| INDICATE THE NUMBER (DO NOT INCLUDE SEL   |  |   | G RANGES SINCE TH                                  | HE LAST MAINTE               | NANCE REPORT:                   |  |
| 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).  Change time due to Time Change.  |  |   |  |                              |                                 |  |
|   |  |   |  |                              |                                 |  |
| INSPECTING OFFICER  | Service of                                     |   | <b>用的性。</b>  |                              |                                 |  |
| SIGNATURE   | #  | 127   |  | RINT NAME<br>Mark Shinn #127 |                                 |  |
| TYPE II PERMIT-NUMBER/EXPIRATION DATE 240126 05/29/2026   |  |   | TE   | 417) 546-7200                |                                 |  |
| Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office  |  |   |  |                              |                                 |  |

AS IV Serial no: 120495
Version no: 532C

TEST RECORD 00112

Temp Date Time 210L

Air Blank: 03/12/25 06:58 .000
Subject Test: Man 24 03/12/25 06:58 .100

Subject Name

Jest Subject I.D.

Operator Name. I.D.

Location

AS IV Serial no: 120495
Version no: 532C

TEST RECORD 00110

Temp Date Time 210L

Air Blank: 03/12/25 06:56 .000
Subject Test: Man 23 03/12/25 06:56 .101

Subject Name

120

Subject I.D.

100

Operator Name. I.D.

Shink 127

Location

AS IV Serial no: 120495
Version no: 532C

TEST RECORD 00113

Temp Date Time 210L

VOID: RFI
12 03/12/25 07:04

Subject Name

Subject I.D.

Operator Name. I.D.

Location

| AS IV Serial no: 120495<br>Version no: 532C                                      |
|--|
| TEST RECORD 00111  |
| Temp Date Time 210L  |
| Air Blank:<br>03/12/25 06:57 .000<br>Subject Test: Man<br>23 03/12/25 06:57 .101 |
| Subject Name<br>Test   |
| Subject 1.0.<br>Test 2   |
| Operator Name, I.D. Swinn 127  |
| -ocation<br>TCSQ   |
|  |



Airgas USA LLC (LAB) 3500 Bernard Street St. Louis, Mo. 63103

Ph: (314) 533-3100 Fax: (314) 533-7328

# **Certificate of Analysis**

Customer Name Test Date: 18-Mar-2024

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

**Lot #** AG407603 **Model** 108

Exp DateCyl. TypeComponentCertified Concentration16-Mar-2026108Ethanol<br/>Nitrogen0.100 ± 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
 799.4 ppm
 CC727493
 389.8 ppm

 CC727496
 253.4 ppm
 CC727498
 150.2 ppm

Analytical Method: NDIR

Approved for Release:

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 SHINN

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.

| DATE                     | 5/29/2024 | / (ike //lassmi                                      |
|--------------------------|-----------|--|
|                          |           | DIRECTOR OF STATE PUBLIC HEALTH LABORATORY           |
| NUMBER                   | 240126    |  |
| EXPIRES <b>5/29/2026</b> | 5/29/2026 | Davla I. Nichelson                                   |
|                          |           | 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 SHINN, MARK Permit No 240126

