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By Tracy Crews at 3:20 pm, Jan 02, 2024



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
STATE PUBLIC HEALTH LABORATORY  
ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

Complete this report in duplicate at the time of the regular monthly preventative maintenance check, and whenever instrument is repaired. Send copy to Department of Health and Senior Services; retain original in department file.

ALCO SENSOR IV SN 094804	PRINTER SN 09B.3589.546	DATE OF INSPECTION 12/23/2023
LOCATION OF INSTRUMENT (STREET AND CITY) 9701 Marion Park Drive, Kansas City, MO 64137		TIME OF INSPECTION 11:01 pm

**CHECKLIST:** Place a mark in the box by each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unmarked items must be corrected before using instrument.

DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)

TEMPERATURE OF ALCO SENSOR (10°C - 40°C)

PRINTER WORKING PROPERLY

TIME AND DATE DISPLAYING PROPERLY

**BREATH ALCOHOL ACCURACY STANDARDS**

SIMULATOR SOLUTION  COMPRESSED ETHANOL-GAS MIXTURE

STANDARD SUPPLIER Intoximeters LOT # AG324501 EXP. DATE 09/02/2025

SIMULATOR TEMPERATURE (34°C ± 0.2°C) \_\_\_\_\_ SIMULATOR SN \_\_\_\_\_ SIMULATOR EXP DATE \_\_\_\_\_

CALIBRATION CHECK – (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)

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 → 0.082

TEST 2 → 0.084

TEST 3 → 0.081

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	(0-.04)	0	(.05-.09)	0	(.10-.14)	3	(.15-.19)	3	(OVER .19)	7
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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 *PO Jared Littleton #5626*

PRINT NAME *Jared Littleton #5626*

TYPE II PERMIT NUMBER/EXPIRATION DATE  
230323, 12/21/2025

TELEPHONE NUMBER  
(816) 218-9393

**Return completed report to the:** Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office  
2875 James Boulevard  
Poplar Bluff, MO 63901

AS IV Serial no: 094804  
Version no: 532B

TEST RECORD 01188

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
12/23/23 23:41 .000  
Calibration Check:  
21 12/23/23 23:41 .082

Subject Name

Test #1

Subject I.D.

Operator Name, I.D.

Littlton 5626

Location

230323, 12/21/25

AS IV Serial no: 094804  
Version no: 532B

TEST RECORD 01189

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
12/23/23 23:43 .000  
Calibration Check:  
22 12/23/23 23:43 .084

Subject Name

Test #2

Subject I.D.

Operator Name, I.D.

Littlton 5626

Location

230323, 12/21/25

AS IV Serial no: 094804  
Version no: 532B

TEST RECORD 01190

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
12/23/23 23:45 .000  
Calibration Check:  
23 12/23/23 23:45 .081

Subject Name

Test #3

Subject I.D.

Operator Name, I.D.

Littlton 5626

Location

230323, 12/21/25

AS IV Serial no: 094804  
Version no: 532B

TEST RECORD 01191

Temp Date Time <sup>s/</sup> 210L

VOID: RFI  
12 12/23/23 23:48

Subject Name

RFI

Subject I.D.

Operator Name, I.D.

Littlton 5626

Location

230323, 12/21/25



STATE OF MISSOURI  
DEPARTMENT OF HEALTH AND SENIOR SERVICES  
BREATH ALCOHOL PROGRAM



**PERMIT**  
**TYPE II**  
**JARED LITTLETON**

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, INTOXILYZER 8000**

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 12/21/2023

NUMBER 230323

EXPIRES 12/21/2025

MO 680-0271 (8-10)

*Mike Masson*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Paula J. Nielson*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (8-10)

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 air in Missouri.

Operator LITTLETON, JARED  
Permit No 230323  
Date Issued 12/21/2023 Date Expires 12/21/2025



Airgas USA LLC (LAB)  
3500 Bernard Street  
St. Louis, Mo. 63103  
Ph: (314) 633-3100  
Fax: (314) 633-7328

**Certificate of Analysis**

Test Date: 5-Sep-2023

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

Lot # AG324501 Model 108

Exp Date	Cyl. Type	Component	Certified Concentration
2-Sep-2025	108	Ethanol Nitrogen	0.082 ± 0.002 BrAC (223 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: 07/2023 16:31

*Yusef Woods*

Approved for Release: \_\_\_\_\_  
Yusef Woods

ISO 17025:2017 A2LA accredited. Certificate Number 3082.06  
ISO 17034:2016 A2LA accredited. Certificate Number 3082.07