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By Tracy Crews at 7:20 am, Mar 13, 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 02/24/2024 |
|-----------------------------|----------------------------|----------------------------------|

| | |
|------------------------------------------------------------------------------------------|----------------------------|
| LOCATION OF INSTRUMENT (STREET AND CITY) 9701 Marion Park Drive, Kanas City, MO 64137 | TIME OF INSPECTION 1748 |
|------------------------------------------------------------------------------------------|----------------------------|

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 # AG 324501 EXP. DATE 02/24/2024

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 ← 0.083

TEST 2 ← 0.083

TEST 3 ← 0.082

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) | 2 | (.05-.09) | 1 | (.10-.14) | 0 | (.15-.19) | 6 | (OVER .19) | 4 |
|----------|---|---------|---|-----------|---|-----------|---|-----------|---|------------|---|

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 <i>PO Jared Littleton #5626</i> | PRINT NAME PO 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 01247

Temp Date Time ^{s/} 210L

Air Blank:
02/24/24 17:48 .000
Calibration Check:
20 02/24/24 17:48 .083

Subject Name

Test #1

Subject I.D.

Operator Name, I.D.

Littleton 5626

Location

230323

12/21/25

AS IV Serial no: 094804
Version no: 532B

TEST RECORD 01248

Temp Date Time ^{s/} 210L

Air Blank:
02/24/24 17:50 .000
Calibration Check:
21 02/24/24 17:50 .083

Subject Name

Test #2

Subject I.D.

Operator Name, I.D.

Littleton 5626

Location

230323

12/21/25

AS IV Serial no: 094804
Version no: 532B

TEST RECORD 01249

Temp Date Time ^{s/} 210L

Air Blank:
02/24/24 17:52 .000
Calibration Check:
22 02/24/24 17:52 .082

Subject Name

Test #3

Subject I.D.

Operator Name, I.D.

Littleton 5626

Location

230323

12/21/25

AS IV Serial no: 094804
Version no: 532B

TEST RECORD 01250

Temp Date Time ^{s/} 210L

VOID: RFI
12 02/24/24 17:54

Subject Name

RFI

Subject I.D.

Operator Name, I.D.

Littleton 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, INTOXLYZER 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 12/11/2023 _____
NUMBER 230323 _____
EXPIRES 12/11/2025 _____

Mike Morrison
DIRETOR OF STATE PUBLIC HEALTH LABORATORY

David I. Richardson
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 366-9771 (6-19)

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

INSTRUMENT OPERATOR CARD

The owner/contractor is authorized to operate an instrument having identity information for the determination of the alcoholic content of breath from a person's exhaled air.

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

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: 5-Sep-2023

Lot # AG324501 Model 108

Exp Date 2-Sep-2025
Cyl. Type 108
Component Ethanol Nitrogen
Certified Concentration 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 |
|----------------|---------------|----------------|---------------|
| EB0010584 | 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

Quality Control by Quality Control
Location: Airgas USA LLC Lab
Sample ID: 230323

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