

MISSOURI DEPARTMENT OF HEALTH AND SENI RECEIVED STATE PUBLIC HEALTH LABORATORY

CO-SENSOR IV WITH PRINTER MAIN PART

2024 REPORT #7

| 梅 | 高中國 2 | | THIN ET MAN | • | | | |
|--|---|--|----------------------------|---------------|-----------------------|---------------------|--|
| 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 07/06 | INSPECTION /2024 | |
| LOCATION OF INSTRUMENT (STREET AND CITY) 9701 Marion Park Drive, Kanas City, MO 64 | | | 4137 | | 9:13 p | | |
| 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. | | | | | | | |
| | | | | | | | |
| 2 | 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 SUPPLI | ER Intoximeters | | OT # AG324501 | EXP. DATE | 2025 | |
| | SIMULATOR TEMPE | MULATOR TEMPERATURE (34°C ± 0.2°C) SIMULATOR SN SIMULATOR EXP DATE | | | | | |
| | 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 | | | | | | |
| TES | TEST 1 • 0.079 | | TEST 2 0.079 | | TEST 3 ● 0.079 | | |
| ☑ RFI DETECTOR OPERATING | | | | | | | |
| INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: (DO NOT INCLUDE SELF-ADMINISTERED TESTS) | | | | | | | |
| | FUSALS | (004) 1 | (.0509) 1 | (.1014) 1 | (.1519) 2 | (OVER .19) 6 | |
| 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 O June J. Juliate | | | Th #5126 | D#5126 | | Jared T. Littleton | |
| | 11 PERMIT NUMBER/EXPIRATI 0323, 12/21/2025 / | V | | | (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 01342

9/ Temp Date Time 210L

Air Blank: 07/06/24 21:13 .000 Calibration Check: 24 07/06/24 21:13 .079

Subject Name Test #1

Subject I.D.

Operator Name, I.D.

Littleton 5626

Location

130323

12/21/25

AS IV Serial no: 094804 Version no: 532B

TEST RECORD 01343

Temp Date Time 210L

Air Blank: 07/06/24 21:15 .000 Calibration Check: 25 07/06/24 21:15 .079

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 01344

Temp Date Time 210L

Air Blank: 07/06/24 21:17 .000 Calibration Check: 26 07/06/24 21:17 .079

Subject Name

Subject I.D.

Operator Name, I.D.

Littleton 5626

Location

230323

12/21/25

AS IV Serial no: 094804 Version no: 532B

TEST RECORD 01345

Temp Date Time 210L

UOID: RFI 12 07/06/24 21:19

Subject Name

RFI Test

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

JARED LITTLETON PERMIT TYPE |

is hereby authorized to Instruct and supervise operators, Italia Instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

ALCO-SENSOR IV WITH PRINTER, INTOXILYZER 8000

for the datermination of the alcoholic content of blood from asample of expired at Permit Issued under the provisions of sections 577.020 through 577.041, RSMo and 366.111 hrough 306.119 RSMo.

EXPIRES 12/11/2025 NUMBER 230323 DATE 12/11/2023

> AMORY HEYER MATERIAL STATES TO BODIES Mila Masson

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES I. Malacar LAB-4 Ras-ioj





Alrgas USA LLC (LAB) 3500 Bernard Street St. Louis, Mo. 63103 Ph; (314) 533-3100 Fax: (314) 533-7328

Certificate of Analysis

Test Date: 5-Sep-2023

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

Lot # AG324501 Model 108

Cyl. Type 108 Component Ethanol Nitrogen Certifled Concentration 0.082 ± 0.002 BrAC (223 ppm)

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

Exp Date 2-Sep-2025

EB0010581 EB0010570 EB0010285 EB0010561 EB0010681 CRM Serial No. CC727481 CC727496 RGM Serial No. 391& ppm 259.8 ppm 209.0 ppm 103.7 ppm 52.22 ppm 800.0 ppm 253.0 ppm Coacentration Concentration RGM Serial No. EB0010603 EB0010559 EB0010562 EB0010579 CC727493 CC727498 CRM Serial No. 390.0 ppm 150.0 ppm Concentration 392.5 ppm 258.9 ppm 104.2 ppm 52,94 ppm Concentration

Olithiky olgosof by Oustiny Conduct Hebbookhy gas standové myslite koop amalysia Contributation USA (CO (Lan) Gaintide, 17 223 15/21

Analytical Method: NDIR

Approved for Release:

Yusef Woods

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

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