

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES

STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

人。				REPOR	T #
Complete this report in duplicate at the tim Send copy to Department of Health and Se	e of the regular monthly penior Services; retain origin	preventative mainten nal in department file	ance check, and wher	ever instrument is repair	ed.
ALCO SENSOR IV SN 094804	PRINTER SN 09B.3589.546			DF INSPECTION 5/2024	
LOCATION OF INSTRUMENT (STREET AND CITY) 9701 Marion Park Drive, Kanas City, M	MO 64137		TIME C	F INSPECTION	
CHECKLIST: Place a mark in the box by each item if found to be satisfactory or if operating within established limits. (Write in observed val					
ues 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 STANDA	RDS				
SIMULATOR SOLUTION	MULATOR SOLUTION COMPRESSED ETHANOL-GAS MIXTURE				
STANDARD SUPPLIER Intoximeters	LC	OT # AG324501	EXP. DATE 09/02	/2025	
SIMULATOR TEMPERATURE (34°C ±	0.2°C) SIMU	JLATOR 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					
TEST 1 • 0.082	TEST 2 0.082		TEST 3 0.081		
M 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 1 (004) 0		(.1014) 4	(.1519) 4	(OVER .19) 4	
List any new parts and describe any alterati established limits (use other side if necessar	on or modification that way).	as made to restore t	he instrument to opera	te satisfactorily and with	in
NSPECTING OFFICER					
MINITURE OF THE STATE OF THE ST	Multo #567	F	RINT NAME Jared T. Littleton		
YPE II PERMIT NUMBER/EXPIRATION DATE 230323, 12/21/2025	00000 - 000	Т	ELEPHONE NUMBER (816) 218-9393		_
	cohol Program, MO Depa		· _ · · · · · · · · · · · · · · · · · ·	though District Off	4
2875 Jan	nes Boulevard uff, MO 63901	runent of Health and	i denioi dervices, Sou	meast district Office	
2 56000	,=				1.

AS IV Serial no: 094804 Version no: 532B

TEST RECORD 01369

Temp Date Time 210L

Air Blank: 08/05/24 02:18 .000 Calibration Check: 22 08/05/24 02:18 .082

Subject Name

Test#

Subject I.D.

Operator Name, I.D.

Littleton 5626

Location

230323

12/21/2025

AS IV Serial no: 094804 Version no: 532B

TEST RECORD 01370

Temp Date Time 210L

Air Blank: 08/05/24 02:21 .000

Calibration Check: 23 08/05/24 02:21 .082

Subject Name

Test#2

Subject I.D.

Operator Name, I.D.

Littleton 5676

Location

230323

12/21/2025

AS IV Serial no: 094804 Version no: 532B

TEST RECORD 01371

Temp Date Time 210L

Air Blank: 08/05/24 02:24 .000 Calibration Check: 24 08/05/24 02:24 .081

Subject Name .

Test#3

Operator Name, I.D.

Littleton 5626

Location

230323

12/21/2025

AS IV Serial no: 094804 Version no: 532B

TEST RECORD 01372

Temp Date Time 210L

VOID: RFI 12 08/05/24 02:26

Subject Name

RFI tes-

Subject I.D.

Operator Name, I.D.

Littleton 5626

Location

230323

12/21/2025



DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE OF MISSOURI



BREATH ALCOHOL PROGRAM

PERMIT TYPE |

JARED LITTLETON

is hereby authorized to thistruct and supervise operators, Italh 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 atcoholic content of blood from example of expired at Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.118 RSMo.

Mila Maron

James J. Headelson DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

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May Pas-iol

EXPIRES 12/1/2025 NUMBER 230323 DATE 12/11/2033

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DEMATIGHT OF HEATH AND SENIOR SERVICES

INSTRUMENT OPERATOR CASIN INSTRUMENT OPERATOR CARD INTO A STATE OF THE STATE OF THE



Airgas USA LLC (LAS) 3500 Bernard Street St. Louis, Mo. 63103 Pb: (314) 533-3100 Fax: (314) 533-7328

Certificate of Analysis

Test Date: 5-Sep-2023

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

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.J.S.T.RGM and to CRM Ethanol Standards:

CRM Serial No. CC727481 CC727496	RGM Serial No. EB0010581 EB0010570 EB0010285 EB0010285 EB0010561 EB0010881
Coxcentration 8000 ppm 2510 ppm	Concentration 391& ppm 2534 ppm 2534 ppm 1037 ppm 1037 ppm 52.42 ppm
CRM Serial No. CC727493 CC727498	RGM Seriel No. EB0010603 EB0010559 EB0010562 EB0010579
Concentration 390,0 ppm 150,0 ppm	Concentration 392.5 ppm 258.9 ppm 104.2 ppm 52.94 ppm

Ortholy signes by Ostilly Content
(Fars to Day gas stanton) or Ostalane arealysis
Lession of part USA (LO (Lob)
Delocate of July 1851

Analytical Method: NDIR

Approved for Release:

Yusef Woods

ISO 1703:2017 A2LA accredited. Certificate Number 3082,06 ISO 17034:2016 A2LA accredited. Certificate Number 3082,07

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