



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 11/23/2024
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LOCATION OF INSTRUMENT (STREET AND CITY) 9701 Marion Park Drive, Kansas City, MO 64137	TIME OF INSPECTION 3:00 pm
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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

<input type="checkbox"/> SIMULATOR SOLUTION	<input type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
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STANDARD SUPPLIER Intoximeters LOT # AG417401 EXP. DATE 06/22/2026

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 ➡ 0.103	TEST 2 ➡ 0.102	TEST 3 ➡ 0.101
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- 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)	6	(.15-.19)	4	(OVER .19)	4
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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 <i>Jared T. Littleton #5626</i>	PRINT NAME Jared T. Littleton
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 01448

Temp	Date	Time	g/ 210L
Air Blank:	11/23/24	15:00	.000
Calibration Check:	20	11/23/24 15:00	.103

Air Blank:
11/23/24 15:00 .000
Calibration Check:
20 11/23/24 15:00 .103

Subject Name

Test #1

Subject I.D.

Operator Name, I.D.

Littleton 5626

Location

230323

12/21/2025

AS IV Serial no: 094804
Version no: 532B

TEST RECORD 01449

Temp	Date	Time	g/ 210L
Air Blank:	11/23/24	15:02	.000
Calibration Check:	21	11/23/24 15:02	.102

Air Blank:
11/23/24 15:02 .000
Calibration Check:
21 11/23/24 15:02 .102

Subject Name

Test #2

Subject I.D.

Operator Name, I.D.

Littleton 5626

Location

230323

12/21/2025

AS IV Serial no: 094804
Version no: 532B

TEST RECORD 01450

Temp	Date	Time	g/ 210L
Air Blank:	11/23/24	15:05	.000
Calibration Check:	21	11/23/24 15:05	.101

Air Blank:
11/23/24 15:05 .000
Calibration Check:
21 11/23/24 15:05 .101

Subject Name

Test #3

Subject I.D.

Operator Name, I.D.

Littleton 5626

Location

230323

12/21/2025

AS IV Serial no: 094804
Version no: 532B

TEST RECORD 01451

Temp	Date	Time	g/ 210L
VOID: RFI	12	11/23/24 15:07	

VOID: RFI
12 11/23/24 15:07

Subject Name

RFI Test

Subject I.D.

Operator Name, I.D.

Littleton 5626

Location

230323

12/21/2025



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 580 0771 (6-10)

Mike Mason

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

David F. Nicholson

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R6-10)

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

Certificate of Analysis

Test Date: 25-Jun-2024

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

Lot # AG417401 Model 108

Exp Date	Cyl. Type	Component	Certified Concentration
22-Jun-2026	108	Ethanol Nitrogen	0.100 ± 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

Digitally signed by Quality Control
Reason: Dry gas standard certification of analysis
Location: Airgas USA LLC (LAB)
Date: 06.29.2024 15:09

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