



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 111780	PRINTER SN 096.3580.921	DATE OF INSPECTION 06/07/2024
LOCATION OF INSTRUMENT (STREET AND CITY) 9701 Marion Park Drive, Kansas City, MO 64137		TIME OF INSPECTION 6:01 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 ← 0.080 TEST 2 ← 0.080 TEST 3 ← 0.080

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) 1 | (.15-.19) 0 | (OVER .19) 3

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 	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: 111780
Version no: 532B

TEST RECORD 00951

Temp Date Time ^{sv} 210L

Air Blank:
06/07/24 18:21 .000
Calibration Check:
24 06/07/24 18:21 .000

Subject Name

Test # 1

Subject I.D.

Operator Name, I.D.

Littleton # 5026

Location

230323

12/21/2025

AS IV Serial no: 111780
Version no: 532B

TEST RECORD 00952

Temp Date Time ^{sv} 210L

Air Blank:
06/07/24 18:22 .000
Calibration Check:
25 06/07/24 18:22 .000

Subject Name

Test # 2

Subject I.D.

Operator Name, I.D.

Littleton # 5026

Location

230323

12/21/2025

AS IV Serial no: 111780
Version no: 532B

TEST RECORD 00953

Temp Date Time ^{sv} 210L

Air Blank:
06/07/24 18:24 .000
Calibration Check:
26 06/07/24 18:24 .000

Subject Name

Test # 3

Subject I.D.

Operator Name, I.D.

Littleton # 5026

Location

230323

12/21/2025

AS IV Serial no: 111780
Version no: 532B

TEST RECORD 00954

Temp Date Time ^{sv} 210L

VOID: RFI
12 06/07/24 18:26

Subject Name

RFI Test

Subject I.D.

Operator Name, I.D.

Littleton # 5026

Location

230323

12/21/2025



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



PERMIT
TYPE II

JARRED 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 308.111 through 308.119 RSMo.

DATE 12/11/2023

M. De Haan
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 23R23

David J. Nishida
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

EXPIRES 12/11/2025

MO 889971 (8-19)

LSA-19-191



Certificate of Analysis

Test Date: 5-Sep-2023

Customer Name
Exclusive Supplier
Inoximeters, Inc.
2081 Craig 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.I.S.T.RGM and to CRM Ethanol Standards:

RGM Serial No.	Concentration	RGM Serial No.	Concentration
EB0010581	3948 ppm	EB0010583	382.5 ppm
EB0010570	2598 ppm	EB0010585	281.9 ppm
EB0010285	2080 ppm	EB0010582	104.2 ppm
EB0010587	1037 ppm	EB0010579	82.94 ppm
EB0010587	5222 ppm		

CRM Serial No.	Concentration	CRM Serial No.	Concentration
CC727481	808.0 ppm	CC727483	380.0 ppm
CC727496	233.0 ppm	CC727498	150.0 ppm

Analytical Method: NDIR

GENERAL PURPOSE STANDARD CRIMINAL
LABORATORY (SCLC) (R)
LABORATORY 2221 SBL

Approved for Release:

Yusef Woods
Yusef Woods

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