



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 119725	PRINTER SN 221077392	DATE OF INSPECTION 06/07/2024
LOCATION OF INSTRUMENT (STREET AND CITY) 9701 Marion Park Drive, Kansas City, MO 64137		TIME OF INSPECTION 7:53 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 → 0.079	TEST 2 → 0.079	TEST 3 → 0.079
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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	2	(0-.04)	0	(.05-.09)	2	(.10-.14)	4	(.15-.19)	8	(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 #51626</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: 119725
Version no: 532C

TEST RECORD 00184

Temp Date Time ^{g/}210L

Air Blank:
06/07/24 19:53 .000
Calibration Check:
33 06/07/24 19:53 .079

Subject Name

Test # 1
Subject I.D.

Operator Name, I.D.

Littleton 5626
Location

230323

12/21/25

AS IV Serial no: 119725
Version no: 532C

TEST RECORD 00185

Temp Date Time ^{g/}210L

Air Blank:
06/07/24 19:55 .000
Calibration Check:
34 06/07/24 19:55 .079

Subject Name

Test # 2
Subject I.D.

Operator Name, I.D.

Littleton 5626
Location

230323

12/21/25

AS IV Serial no: 119725
Version no: 532C

TEST RECORD 00186

Temp Date Time ^{g/}210L

Air Blank:
06/07/24 19:57 .000
Calibration Check:
34 06/07/24 19:57 .079

Subject Name

Test # 3
Subject I.D.

Operator Name, I.D.

Littleton 5626
Location

230323

12/21/25

AS IV Serial no: 119725
Version no: 532C

TEST RECORD 00187

Temp Date Time ^{g/}210L

VOID: RFI
12 06/07/24 19:59

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

PERMIT

TYPE II

JARED LITTLETON



Certificate of Analysis

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

Lot # AG324501 Model 108

Test Date: 5-Sep-2023

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 577.044, RSMo and 308.111 through 308.119 RSMo.

DATE 12/11/2023 *M. De M...*
NUMBER 230823 DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
EXPIRES 12/31/2025 *David F. ...*
LSD 0649714919 DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES
LSD-69498

STATE OF MISSOURI
DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM
INSTRUMENT OPERATOR CARD

The operator shall maintain a valid driver's license and a valid Missouri State Driver's License. The operator shall be responsible for the operation of the breathalyzer instrument and shall be responsible for the maintenance of the instrument.

Operator: LITTLETON, JARED
Permit No: 230823
Date Issued: 12/11/2023 Date Expires: 12/31/2025

Exp Date 2-Sept-2025 Cyl Type 108 Component Ethanol Nitrogen Certified Concentration 0.082 ± 0.002 BAC (223 ppm)

CRM Serial No.	Concentration	CRM Serial No.	Concentration
EB0010581	3918 ppm	EB0010603	392.5 ppm
EB0010570	2598 ppm	EB0010589	289.9 ppm
EB0010285	2080 ppm	EB0010582	104.2 ppm
EB0010581	1037 ppm	EB0010579	52.94 ppm
EB0010581	5222 ppm		

Analytical Method: NDIR

Quality Agent: Yusef Woods
Hazardous Waste Management Division
Department of Health and Senior Services
2081 Craig Road
St. Louis, MO 63146

Approved for Release: Yusef Woods

ISO 17025:2017 A2LA accredited. Certificate Number 3082.06
ISO 17024:2016 A2LA accredited. Certificate Number 3082.07