#### **RECEIVED**

By Tracy Crews at 3:40 pm, Jul 24, 2024



MISSOURI DEPARTMENT OF HEALTH AND SENIOR S STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

<b>大学</b>				
Complete this report in duplicate at the time of Send copy to Department of Health and Senio	of the regular monthly proor Services; retain origin	reventative maintena al in department file.	ince check, and	
ALCO SENSOR IV SN 119725				DATE OF INSPECTION 07/06/2024
LOCATION OF INSTRUMENT (STREET AND CITY)				TIME OF INSPECTION 8:52 pm
CULTOK IST: 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 STANDARDS				
SIMULATOR SOLUTION COMPRESSED ETHANOL-GAS MIXTURE				
STANDARD SUPPLIER Intoximeters	NDARD SUPPLIER Intoximeters LOT # AG324501		EXP. DATE 09/02/2025	
SIMULATOR TEMPERATURE (34°C ± 0.	IMULATOR TEMPERATURE (34°C ± 0.2°C) SIMULATOR SN		SIMULATOR EXP DATE	
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 ♥ 0.083	TEST 2    0.082		TEST 3 ☞ 0.081	
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 (004) 0	(.0509) 5	(.1014) 0	(.1519)	0 (OVER .19) 7
List any new parts and describe any alteration established limits (use other side if necessary	on or modification that w	vas made to restore		to operate satisfactorily and within
INSPECTING OFFICER SIGNATURE TYPE II PERMIT NUMBER/EXPIRATION DATE 230323, 12/21/2025	110 #5126	X - 15, 10 - 10	PRINT NAME Jared T. Littl TELEPHONE NUMBE (816) 218-93	ER .
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 00212

Temp Date Time 210L

Air Blank: 07/06/24 20:52 .000
Calibration Check: 18 07/06/24 20:52 .083

Subject Name
Test 1.D.

Operator Name, I.D.
LITHUCH 5020
Location 230323

Francis #

AS IV Serial no: 119725
Version no: 532C

TEST RECORD 00213
Temp Date Time 210L

Air Blank: 07/06/24 20:53 .000
Calibration Check: 17 07/06/24 20:53 .082

Subject Name

| Calibration Check: 17 07/06/24 20:53 .082

Subject Name
| Calibration Check: 17 07/06/24 20:53 .082

AS IV Serial no: 119725
Version no: 532C

TEST RECORD 00214

Temp Date Time 210L

Air Blank: 07/06/24 20:55 .000
Calibration Check: 19 07/06/24 20:55 .081

Subject Name
Test # 3
Subject I.D.

Operator Name, I.D.
Location
230323

AS IV Serial no: 119725
Version no: 532C

TEST RECORD 00215
Temp Date Time 210L
VOID: RFI
12 07/06/24 20:56

Subject Name
RFI
Subject I.D.

Operator Name, I.D.
Littur 5626
Location
230323



## STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES BREATH ALCOHOL PROGRAM



### PERMIT

### JARED LITTLETON TYPE |

is hersby 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 atochoic content of blodd from example of expired at Permit lasted under the provisions of sections 577.020 through 577.041, RSIMo and 306.111 through 306.119 RSIMo.

NUMBER 230323 DATE 12/21/2023 EXPIRES 12/21/2025

1,10 550-0771 (8-10)

DIRECTOR OF STATE PUBLIC HEALTH USCHALORY Mila Massan

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES James J. Margary 101-8FJ 7-8Y

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DEARTMENT OF HEATH AND SERVICES

REACHT ALCOHOLEGOREA

INSTRUMIENT OPERATOR CARD INSTRUMENT OPERATOR CARD



Alrgas USA LLC (LA5) 3500 Bernard Street St Louis, Mo. 53103 Ph: (314) 533-3100 Fax: (314) 533-7328

## Certificate of Analysis

Test Date: 5-Sep-2023

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

Lot # AG324501 Model 108

Cyl, Type 108 Component Ethanol Nitrogen Certified Concentration 0.082 ± 0.002 BrAC (223 ppm)

Exp Date 2-Sep-2025

Cerlification Traceable to N.J.S.T.RGM and to CRM Ethanol Standards:

CRM Serial No. CC727481 CC727496 EB0010581 EB0010570 EB0010285 EB0010561 EB0010681 RGM Serial No. 800.0 ppm 253.0 ppm 391,8 ppm 259,8 ppm 209,0 ppm 103,7 ppm 52,22 ppm Coacentration Concentration CRM Serial No. CC727493 CC727498 EB0010603 EB0010559 EB0010562 EB0010579 RGM Serial No. Concentration 392.5 ppm 250.9 ppm 104.2 ppm 52,94 ppm 390.0 ppm 150.0 ppm Concentration

Analylical Method; NDIR

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Approved for Releases

Yusef Woods

ISO 17025:2017 A2LA accredited. Certificate Number 3082,06 ISO 17034:2016 A2LA accredited. Certificate Number 3082,07