



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 STATE PUBLIC HEALTH LABORATORY
ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

RECEIVED
 By Tracy Crews at 7:26 am, Jun 20, 2024

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 120500	NAME OF AGENCY Taney County Sheriff's Office	DATE OF INSPECTION 06/19/2024
-----------------------------	---	----------------------------------

LOCATION OF INSTRUMENT (STREET AND CITY) 266 Main Street, Forsyth, Mo 65653	TIME OF INSPECTION 1805
--	----------------------------

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 # AG407603 EXP. DATE 03/16/2026

SIMULATOR TEMPERATURE (34°C ± 0.2°C) SIM. SN SIM. NIST 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 ← .101

TEST 2 ← .101

TEST 3 ← .101

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-.04)	(.05-.09)	(.10-.14)	(.15-.19)	(OVER .19)
----------	---------	-----------	-----------	-----------	------------

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>J. Layton #120</i>	PRINT NAME J. Layton #120
TYPE II PERMIT NUMBER/EXPIRATION DATE 240119 5/29/2026	TELEPHONE NUMBER 417-546-7250

Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office by mail, fax, or email.

AS IV Serial no: 120500
Version no: 532C

TEST RECORD 00016

Temp Date Time 210L
9/

Air Blank: 06/19/24 18:05 .000
Calibration Check: 32 06/19/24 18:05 .101

Subject Name

Test 1
Subject I.D.

Operator Name. I.D.
Layford

Location

266 MAIN ST.

Forsyth, Mo 65653

AS IV Serial no: 120500
Version no: 532C

TEST RECORD 00013

Temp Date Time 210L
9/

Air Blank: 06/19/24 17:55 .000
Calibration Check: 35 06/19/24 17:55 .101

Subject Name

Test 2
Subject I.D.

Operator Name. I.D.
Layford

Location

266 MAIN ST.

Forsyth, Mo 65653

AS IV Serial no: 120500
Version no: 532C

TEST RECORD 00015

Temp Date Time 210L
9/

Air Blank: 06/19/24 18:03 .000
Calibration Check: 32 06/19/24 18:03 .101

Subject Name

Test 3
Subject I.D.

Operator Name. I.D.
Layford

Location

266 MAIN ST.

Forsyth, Mo 65653

AS IV Serial no: 120500
Version no: 532C

TEST RECORD 00017

Temp Date Time 210L
9/

VOID: RFI
12 06/19/24 18:06

Subject Name

Test 4
Subject I.D.

Operator Name. I.D.
Layford

Location

266 MAIN ST.

Forsyth, Mo 65653



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

Certificate of Analysis

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

Test Date: 18-Mar-2024

Lot # AG407603 **Model** 108

Exp Date	Cyl. Type	Component	Certified Concentration
16-Mar-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

Approved for Release: _____

Yusef Woods

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



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



PERMIT
TYPE II
JOHN LAYTON

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, INTOX DMT

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 5/29/2024

NUMBER 240119

EXPIRES 5/29/2026

Mike Massman

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Paula J. Nielson

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES



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 form of expired air in Missouri.

Operator LAYTON, JOHN
Permit No 240119
Date Issued 5/29/2024 **Date Expires** 5/29/2026

