



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 120495	NAME OF AGENCY Taney County	DATE OF INSPECTION 02/15/2025
LOCATION OF INSTRUMENT (STREET AND CITY) 266 Main Street Forsyth, Mo. 65653		TIME OF INSPECTION 2:41

**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 → .102	TEST 2 → .102	TEST 3 → .100
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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-.04)	(.05-.09)	(.10-.14)	(.15-.19)	(OVER .19)
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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).  
 Completed Maintenance for Deputy M. Shinn #127.

<b>INSPECTING OFFICER</b>	
SIGNATURE 	PRINT NAME John Layton
TYPE II PERMIT NUMBER/EXPIRATION DATE 240119 05/29/2026	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: 120495  
Version no: 532C

TEST RECORD 00107 g/  
Temp Date Time 210L

VOID: RFI  
12 02/15/25 21:46

Subject Name  
TEST RFI  
Subject I.D.

TEST RFI  
Operator Name, I.D.  
LAYTON #115 240119  
Location  
TCSO

AS IV Serial no: 120495  
Version no: 532C

TEST RECORD 00106 g/  
Temp Date Time 210L

Air Blank: .000  
02/15/25 21:45  
Calibration Check: .100  
23 02/15/25 21:45

Subject Name  
TEST 3  
Subject I.D.

TEST 3  
Operator Name, I.D.  
LAYTON #115 240119  
Location  
TCSO

AS IV Serial no: 120495  
Version no: 532C

TEST RECORD 00105 g/  
Temp Date Time 210L

Air Blank: .000  
02/15/25 21:43  
Calibration Check: .102  
21 02/15/25 21:43

Subject Name  
TEST 2  
Subject I.D.

TEST 2  
Operator Name, I.D.  
LAYTON #115 240119  
Location  
TCSO

AS IV Serial no: 120495  
Version no: 532C

TEST RECORD 00104 g/  
Temp Date Time 210L

Air Blank: .000  
02/15/25 21:41  
Calibration Check: .102  
21 02/15/25 21:41

Subject Name  
TEST 1  
Subject I.D.

TEST 1  
Operator Name, I.D.  
LAYTON #115 240119  
Location  
TCSO



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

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

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