By Tracy Crews at 12:59 pm, Mar 12, 2025



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

ALCO-SENSOR IV WITH F					
Complete this report in duplicate at the time of Send copy to Department of Health and Senic	of the regular monthly proor Services; retain original	eventative maintena al in department file.	nce check, and wheneve	er instrument is repaired.	
ALCO SENSOR IV SN 120500	NAME OF AGENCY Taney County She		03/12/20		
LOCATION OF INSTRUMENT (STREET AND CITY)			TIME OF INSPECTION		
CHECKLIST: Place a mark in the box by each where determined.) Unmarked items must be	item if found to be satisfa corrected before using i	actory or if operating v nstrument.	within established limits.	(Write in observed values	
☑ DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)					
✓ TEMPERATURE OF ALCO SENSOR (10°C - 40°C)					
PRINTER WORKING PROPERLY					
☑ TIME AND DATE DISPLAYING PROPER					
BREATH ALCOHOL ACCURACY STANDAR	RDS				
☐ SIMULATOR SOLUTION	SIMULATOR SOLUTION COMPRESSED ETHANOL-GAS MIXTURE				
☑ STANDARD SUPPLIER Intoximeteres	Train 12 - 14 - 14 - 14 - 14 - 14 - 14 - 14 -		EXP. DATE 03/16/2		
SIMULATOR TEMPERATURE (34°C ± 0.2°C) SIM. SN SIM. NIST EXP DATE					
Run three tests using a standard solution less. Check the box corresponding to the 0.100% STANDARD - MUST READ 0.080% STANDARD - MUST READ 0.040% STANDARD - MUST READ	standard solution being BETWEEN 0.095% and BETWEEN 0.076% and	used. (PRINTOUT A 1 0.105% INCLUSIVE 1 0.084% INCLUSIVE	E E		
TEST 1 ♥ .101	TEST 2 ▼ .101		TEST 3 ▼ .101		
☑ RFI DETECTOR OPERATING					
INDICATE THE NUMBER OF BREATH TES (DO NOT INCLUDE SELF-ADMINISTERED	TS IN THE FOLLOWIN	G RANGES SINCE	THE LAST MAINTENAM	NCE REPORT:	
DEFUSALS (0-04)	(.0509)	(.1014)	(.1519)	(OVER .19)	
List any new parts and describe any alterati established limits (use other side if necessar Updated time from Daylight Savings tim	y).	was made to restore	the instrument to opera	te satisfactorily and within	
INSPECTING OFFICER			PRINT NAME	W. 12.19.	
TYPE II PERMIT NUMBER/PAPIRATION DATE			John Layton TELEPHONE NUMBER 417-546-745	Š	
240119 65/29/2026 Return completed report to the: Breath A by mail,	Alcohol Program, MO De fax, or email.	partment of Health a	and Senior Services, Sou		

101 2101

> Temp Date Time 210L VOID: RF1 12 03/12/25 07:08 AS IV Serial no: 120500 Version no: 5320 TEST RECORD 00086

Subject Name
TEST RFE
Subject 1.D.
Test RFT
Operator Name, 1.D.
Location
Tuso



Airgas USA LLC (LAB) 3500 Bernard Street St. Louis, Mo. 63103

Ph: (314) 533-3100 Fax: (314) 533-7328

Certificate of Analysis

Customer Name Test Date: 18-Mar-2024

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

Lot # AG407603 **Model** 108

Exp DateCyl. TypeComponentCertified Concentration16-Mar-2026108Ethanol
Nitrogen0.100 ± 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:

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	/ like / lassmu	
D/L		DIRECTOR OF STATE PUBLIC HEALTH LABORATORY	
NUMBER	240119		
EXPIRES 5/29/2026	5/29/2026	Davla I. Nichelson	
	*	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES	

MO 580-0771 (6-10)

LAB-4 (R6-10)



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

