MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BLOOD ALCOHOL TEST REPORT - ALCO-SENSOR IV WITH PRINTER

FORM #8

SUBJECT'S NAME	DATE OF TEST

OPERATIONAL CHECKLIST: ALCO-SENSOR IV WITH PRINTER

ALCO-SENSOR SERIAL NO.	LOCATION OF INSTRUMENT
TIME OBSERVATION PERIOD STARTED	TIME OF TEST

☐ 1. Examination of mouth conducted. If any substance is observed or indicated to be present, the substance observed or indicated must be removed prior to starting the 15 minute observation period.

☐ 2. Subject observed for at least 15 minutes by _____. No smoking, oral intake or vomiting during this time; if vomiting occurs, start over with 15 minute observation period.

☐ 3. Make sure printer is connected to Alco-Sensor IV.

☐ 4. Turn printer on.

☐ 5. Insert mouthpiece into Alco-Sensor IV.

☐ 6. Observe temperature display, make sure temperature reading is between 10°C and 40°C.

☐ 7. When "TEST" is displayed on Alco-Sensor IV, take subject breath sample.

☐ 8. When "SET" is displayed on Alco-Sensor IV, press SET button.

☐ 9. When printer has completed printing test result, tear off tape and fill in subject and officer information.

☐ 10. Press red button to eject mouthpiece.

☐ 11. Attach printout to this report.

CERTIFICATION BY OPERATOR

BAC

As set forth in the rules promulgated by the Department of Health and Senior Services related to the determination of blood alcohol by breath analysis, I certify that:

☐ 1. There was no deviation from the procedure approved by the department.

☐ 2. To the best of my knowledge the instrument was functioning properly.

☐ 3. I am authorized to operate the instrument.

NAME OF OPERATOR	PERMIT NO.	EXPIRATION DATE
NAME OF OBSERVER	OBSERVER PERMIT NO.	EXPIRATION DATE
WITNESS (IF ANY)		DATE