



**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 107981	PRINTER SN 099.3586.798	DATE OF INSPECTION 07/12/2014
LOCATION OF INSTRUMENT (STREET AND CITY) C.C.S.O 1 Court Circle Suite 13, Camdenton, Mo, 65020		TIME OF INSPECTION 5:02 am

**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 # AG233201 EXP. DATE 11/27/2014

SIMULATOR TEMPERATURE (34°C ± 0.2°C) \_\_\_\_\_ SIMULATOR SN \_\_\_\_\_ SIMULATOR 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 .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	(0-.04)	0	(.05-.09)	0	(.10-.14)	0	(.15-.19)	0	(OVER .19)	0
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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).

N/A

**INSPECTING OFFICER**

SIGNATURE 	PRINT NAME Jason A. Sylvester
TYPE II PERMIT NUMBER/EXPIRATION DATE 230346 / 12/31/2015	TELEPHONE NUMBER (573) 346-2243

**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



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

2

**PERMIT**  
**TYPE II**  
**JASON A SYLVESTER**

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**

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 12/31/2013

NUMBER 230346

EXPIRES 12/31/2015

MO 580-0771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

,acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R6-10)



**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 SYLVESTER, JASON  
 Permit No 230346  
 Date Issued 12/31/2013 Date Expires 12/31/2015

AS IV Serial no: 107981  
Version no: 532B

TEST RECORD 00009

Temp Date Time <sup>s/</sup> 210L  
-----  
Air Blank:  
07/12/14 05:02 .000  
Calibration Check:  
21 07/12/14 05:02 .102

Subject Name

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 107981  
Version no: 532B

TEST RECORD 00010

Temp Date Time <sup>s/</sup> 210L  
-----  
Air Blank:  
07/12/14 05:03 .000  
Calibration Check:  
22 07/12/14 05:03 .102

Subject Name

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 107981  
Version no: 532B

TEST RECORD 00011

Temp Date Time <sup>s/</sup> 210L  
-----  
Air Blank:  
07/12/14 05:05 .000  
Calibration Check:  
23 07/12/14 05:05 .101

Subject Name

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 107981  
Version no: 532B

TEST RECORD 00012

Temp Date Time <sup>s/</sup> 210L  
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VOID: RFI

12 07/12/14 05:06

Subject Name

Subject I.D.

Operator Name, I.D.

Location



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

REPORT #7

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ALCO SENSOR IV SN 030792	PRINTER SN 03A.2436.038	DATE OF INSPECTION 07/12/2014
LOCATION OF INSTRUMENT (STREET AND CITY) C.C.S.O 1 Court Circle Suite 13, Camdenton, Mo, 65020		TIME OF INSPECTION 4:51 am

**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 # AG233201 EXP. DATE 11/27/2014
- SIMULATOR TEMPERATURE (34°C ± 0.2°C) \_\_\_\_\_ SIMULATOR SN \_\_\_\_\_ SIMULATOR 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)
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  - 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  .103	TEST 2  .102	TEST 3  .102
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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	(0-.04)	0	(.05-.09)	0	(.10-.14)	0	(.15-.19)	0	(OVER .19)	0
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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).

N/A

**INSPECTING OFFICER**

SIGNATURE 	PRINT NAME Jason A. Sylvester
TYPE II PERMIT NUMBER/EXPIRATION DATE 230346 / 12/31/2015	TELEPHONE NUMBER (573) 346-2243

**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



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

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DATE 12/31/2013

NUMBER 230346

EXPIRES 12/31/2015

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

,acting director

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MO 580-0771 (6-10)

LAB-4 (R6-10)



**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 SYLVESTER, JASON  
 Permit No 230346  
 Date Issued 12/31/2013 Date Expires 12/31/2015

AS IV Serial no: 030792  
Version no: 532B

TEST RECORD 00033

Temp Date Time <sup>a/</sup> 210L

Air Blank:  
07/12/14 04:51 .000  
Calibration Check:  
23 07/12/14 04:51 .103

Subject Name

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 030792  
Version no: 532B

TEST RECORD 00034

Temp Date Time <sup>a/</sup> 210L

Air Blank:  
07/12/14 04:52 .000  
Calibration Check:  
24 07/12/14 04:52 .102

Subject Name

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 030792  
Version no: 532B

TEST RECORD 00035

Temp Date Time <sup>a/</sup> 210L

Air Blank:  
07/12/14 04:54 .000  
Calibration Check:  
24 07/12/14 04:54 .102

Subject Name

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 030792  
Version no: 532B

TEST RECORD 00036

Temp Date Time <sup>a/</sup> 210L

VOID: RFI  
12 07/12/14 04:55

Subject Name

Subject I.D.

Operator Name, I.D.

Location