



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
STATE PUBLIC HEALTH LABORATORY

November 2015

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #

**RECEIVED**

By Carol Day at 8:25 am, Nov 16, 2015

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.

ALCO SENSOR IV SN <i>097424</i>	PRINTER SN <i>096.3580.984</i>	DATE OF INSPECTION <i>11/05/2015</i>
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LOCATION OF INSTRUMENT (STREET AND CITY) <i>Wentzville Police Dept. 1019 Schroeder Creek Blvd. Wentzville, Mo 63385</i>	TIME OF INSPECTION <i>0315</i>
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**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 # *AG430901* EXP. DATE *11-05-2016*

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 • <i>0.098</i>	TEST 2 • <i>0.098</i>	TEST 3 • <i>0.097</i>
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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 <i>3</i>	(0-.04) <i>0</i>	(.05-.09) <i>0</i>	(.10-.14) <i>0</i>	(.15-.19) <i>0</i>	(OVER .19) <i>0</i>
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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).

*True-Cal II Reading = 0.098*

**INSPECTING OFFICER**

SIGNATURE <i>K. Bruns</i>	PRINT NAME <i>Kyle Bruns</i>
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TYPE II PERMIT NUMBER/EXPIRATION DATE <i>230258 / 11-26-2015</i>	TELEPHONE NUMBER <i>636-327-5105</i>
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**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

AS IV Serial no: 097424  
Version no: 532B

TEST RECORD 00344

Temp Date Time <sup>9/</sup> 210L

Air Blank:  
11/05/15 03:18 .000  
Calibration Check:  
25 11/05/15 03:18 .098

Subject Name

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 097424  
Version no: 532B

TEST RECORD 00346

Temp Date Time <sup>9/</sup> 210L

VOID: RFI  
12 11/05/15 03:21

Subject Name

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 097424  
Version no: 532B

TEST RECORD 00343

Temp Date Time <sup>9/</sup> 210L

Air Blank:  
11/05/15 03:17 .000  
Calibration Check:  
24 11/05/15 03:17 .098

Subject Name

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 097424  
Version no: 532B

TEST RECORD 00345

Temp Date Time <sup>9/</sup> 210L

Air Blank:  
11/05/15 03:20 .000  
Calibration Check:  
26 11/05/15 03:20 .097

Subject Name

Subject I.D.

Operator Name, I.D.

Location





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

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**PERMIT**  
**TYPE II**  
**KYLE T BRUNS**

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

**DATAMASTER, INTOX EC/IR II, ALCO-SENSOR IV W/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 11/26/2013

NUMBER 230258

EXPIRES 11/26/2015

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

,acting director

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 BRUNS, KYLE  
 Permit No 230258  
 Date Issued 11/26/2013 Date Expires 11/26/2015