



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 Send copy to Department of Health and Senior Services; retain original in department file.

RECEIVED Instrument is repaired.
By Carol Day at 9:19 am, Aug 12, 2015

ALCO SENSOR IV SN 105447	PRINTER SN 099.3586.790	DATE OF INSPECTION 07/31/2015
LOCATION OF INSTRUMENT (STREET AND CITY) 231 S Main Carthage		TIME OF INSPECTION 2:50 pm

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 # AG426004 EXP. DATE 09/17/2016

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 ➔ .080 TEST 2 ➔ .080 TEST 3 ➔ .079

- 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).
New instrument from Safety Center. Instrument operating within MODHSS standards

INSPECTING OFFICER

SIGNATURE 	PRINT NAME Tim Wilson
TYPE II PERMIT NUMBER/EXPIRATION DATE 230172 08/14/2015	TELEPHONE NUMBER (417) 358-5177

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

TIM WILSON

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, INTOXILYZER 8000, 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 8/14/2013

NUMBER 230172

EXPIRES 8/14/2015

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

,acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 680-0771 (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 WILSON, TIM
Permit No 230172
Date Issued 8/14/2013 Date Expires 8/14/2015

Aug. 7. 2013 4:25PM

RECEIVED 855 P. 5
By Carol Day at 7:57 am, Aug 08, 2013

APPROVED Miss. Breath Alcohol Program
By Brian Lulmer at 10:56 am, Aug 13, 2013

230172



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

APPLICATION FOR TYPE II PERMIT FOR OPERATION OF BREATH ALCOHOL ANALYZERS

THIS APPLICATION IS FOR
 NEW PERMIT RENEWAL

CURRENT PERMIT NUMBER AND EXPIRATION DATE

PRINT FULL NAME: **TIM WILSON** TITLE: **CHIEF DEPUTY** AGE: **39**

SOCIAL SECURITY NUMBER: [REDACTED] A disclosure concerning your SSN number is available at: <http://www.health.mo.gov/lab/breathalcohol/>

DEPARTMENT OR TROOP: **JASPER COUNTY STRAYER'S OFFICE** TELEPHONE: **417 529 2506**

BUSINESS ADDRESS (STREET, CITY, STATE, ZIP CODE): **2907 CN 180 CANTONER MO 64836**

EMAIL ADDRESS: **TWILSON@JASPERCOUNTYSTRAYER.ORG**

LIST ALL ORIGINAL TRAINING COURSES FOR OPERATION OF BREATH ANALYZERS
(Also, please place a checkmark beside ALL breath analyzer(s) for which you are requesting a permit.)

DATES OF COURSE	LOCATION OF COURSE	COURSE LENGTH (HRS.)	NAME & MODEL OF BREATH ANALYZER	FLORIDA STATE WATERWAY PERMITS REQUIRED	NAME OF INSTRUCTOR
4/2009	WARRENsburg	36	DATAMASTER	<input checked="" type="checkbox"/>	BOB WILSON
8/2013	WARRENsburg	12	INTOXILYZER 8000	<input checked="" type="checkbox"/>	BOB WILSON OKBML
8/2013	WARRENsburg	8	AS-IV	<input checked="" type="checkbox"/>	BOB WILSON OKBML
				<input type="checkbox"/>	

List the manufacturer and name of instruments for which you are currently performing maintenance reports on and the number of maintenance reports performed on EACH type in the last year.

MANUFACTURER AND NAME OF INSTRUMENT	NUMBER OF MAINTENANCE REPORTS	NUMBER OF SUBJECT TESTS
1. DATAMASTER	2	10
2. AS-IV	10	10
3. INTOXILYZER 8000	10	10

When adding a new instrument, you receive a new two (2) year permit. Therefore, normal renewal procedures apply for the instrument(s) on your current permit that you wish to transfer to the new permit. Disregarding these renewal procedures will result in a new permit for the new instrument only.

To renew a Type II Permit, the applicant shall have completed two (2) Maintenance Reports and shall have performed at least ten (10) tests on drinking subjects in the past year on each instrument for which renewal is requested. If these conditions are not met, or the permit has expired for more than thirty (30) days, the applicant shall perform two (2) Maintenance Reports and five (5) self-administered tests for each breath analyzer for which renewal is requested. Copies of the Maintenance Reports along with the Operational checklists and printouts for the five (5) self-administered tests shall accompany the application for renewal.

SIGNATURE OF APPLICANT:

DATE: **08/07/2013**

RETURN COMPLETED APPLICATION TO THE: **Breath Alcohol Program, Missouri Department of Health and Senior Services
Southeast District Office
2878 James Blvd.
Poplar Bluff, MO 63901**

AS IV Serial no: 105447
Version no: 532B

TEST RECORD 00438

Temp Date Time 210L
s/

Air Blank:
07/31/15 14:50 .000
Subject Test: Man
27 07/31/15 14:50 .079

Subject Name
Tim Wilson

Subject I.D.
230172 8-14-15

Operator Name, I.D.
JCSO

Location

AS IV Serial no: 105447
Version no: 532B

TEST RECORD 00437

Temp Date Time 210L
s/

Air Blank:
07/31/15 14:49 .000
Subject Test: Man
27 07/31/15 14:49 .080

Subject Name
Tim Wilson

Subject I.D.
230172 8-14-15

Operator Name, I.D.
JCSO

Location

AS IV Serial no: 105447
Version no: 532B

TEST RECORD 00439

Temp Date Time 210L
s/

VOID: RFI
12 07/31/15 14:51

Subject Name
Tim Wilson

Subject I.D.
230172 8-14-15

Operator Name, I.D.
JCSO

Location

AS IV Serial no: 105447
Version no: 532B

TEST RECORD 00436

Temp Date Time 210L
s/

Air Blank:
07/31/15 14:47 .000
Calibration Check:
27 07/31/15 14:47 .080

Subject Name
Tim Wilson

Subject I.D.
230172 8-14-15

Operator Name, I.D.
JCSO

Location