



**RECEIVED**  
By Carol Day at 8:28 am, Jul 07, 2016

**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 030809	PRINTER SN 84.9324.042	DATE OF INSPECTION 07/05/2016
LOCATION OF INSTRUMENT (STREET AND CITY) 2410 Goodale Overland		TIME OF INSPECTION 7:22 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.

<input checked="" type="checkbox"/> DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)
<input checked="" type="checkbox"/> TEMPERATURE OF ALCO SENSOR (10°C - 40°C)
<input checked="" type="checkbox"/> PRINTER WORKING PROPERLY
<input checked="" type="checkbox"/> TIME AND DATE DISPLAYING PROPERLY

**BREATH ALCOHOL ACCURACY STANDARDS**

<input type="checkbox"/> SIMULATOR SOLUTION	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>Intoximeters, INC</u> LOT # <u>AG503702</u> EXP. DATE <u>02/06/2017</u>	
<input type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) _____ SIMULATOR SN _____ SIMULATOR EXP DATE _____	
<input checked="" type="checkbox"/> 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)	
<input checked="" type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE	
<input type="checkbox"/> 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE	
<input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE	

TEST 1  .102	TEST 2  .101	TEST 3  .101
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<input checked="" type="checkbox"/> RFI DETECTOR OPERATING
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**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).

<b>INSPECTING OFFICER</b>	
SIGNATURE #461	PRINT NAME Penny Nyswaner
TYPE II PERMIT NUMBER/EXPIRATION DATE 250265 11/11/2017	TELEPHONE NUMBER (314) 428-1221

**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: 030809  
Version no: 532B

TEST RECORD 00427 s/

Temp Date Time 210L

Air Blank: 07/05/16 19:22 .000  
Calibration Check: 23 07/05/16 19:22 .102

Subject Name N/A

Subject I.D. N/A

Operator Name, I.D. SUPVR MAINTENANCE

Location 2410 GOODALE

AS IV Serial no: 030809  
Version no: 532B

TEST RECORD 00428 s/

Temp Date Time 210L

Air Blank: 07/05/16 19:24 .000  
Calibration Check: 24 07/05/16 19:24 .101

Subject Name N/A

Subject I.D. N/A

Operator Name, I.D. SUPVR MAINTENANCE

Location 2410 GOODALE

AS IV Serial no: 030809  
Version no: 532B

TEST RECORD 00429 s/

Temp Date Time 210L

Air Blank: 07/05/16 19:26 .000  
Calibration Check: 26 07/05/16 19:26 .101

Subject Name N/A

Subject I.D. N/A

Operator Name, I.D. SUPVR MAINTENANCE

Location 2410 GOODALE

AS IV Serial no: 030809  
Version no: 532B

TEST RECORD 00430 s/

Temp Date Time 210L

Air Blank: 07/05/16 19:28  
Calibration Check: N/A

Subject Name N/A

Subject I.D. N/A

Operator Name, I.D. SUPVR MAINTENANCE

Location 2410 GOODALE





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

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**PERMIT  
 TYPE II**

**PENNY L NYSWANER**

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 EC/IR II**

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 11/11/2015

NUMBER 250265

EXPIRES 11/11/2017

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

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 NYSWANER, PENNY  
 Permit No 250265  
 Date Issued 11/11/2015 Date Expires 11/11/2017