



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

**RECEIVED**

By Carol Day at 8:10 am, Feb 09, 2016

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 102465	PRINTER SN 088.3473.063	DATE OF INSPECTION 02/09/2016
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LOCATION OF INSTRUMENT (STREET AND CITY) 303 South Elm Street Dixon	TIME OF INSPECTION 3:55 am
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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 Guth Laboratories Inc LOT # 15120 EXP. DATE 04/29/2017

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34 SIMULATOR SN SD2279 SIMULATOR EXP DATE 12/01/2016

- 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  .099	TEST 2  .100	TEST 3  .100
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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).

None

**INSPECTING OFFICER**

SIGNATURE 	PRINT NAME John Meir 303
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TYPE II PERMIT NUMBER/EXPIRATION DATE 250303 12/22/2017	TELEPHONE NUMBER (573) 759-6610
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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

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

FORM #8

SUBJECT'S NAME <i>FEBRUARY MAINT REPORT</i>		DATE OF TEST <i>2-09-2016</i>
<b>OPERATIONAL CHECKLIST: ALCO-SENSOR IV WITH PRINTER</b>		
ALCO-SENSOR SERIAL NO. <i>102465</i>	PRINTER SERIAL NO. <i>088,3473.063</i>	LOCATION OF INSTRUMENT <i>Dixon PD</i>
<p><input checked="" type="checkbox"/> 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.</p> <p><input checked="" type="checkbox"/> 2. Subject observed for at least 15 minutes by <u><i>MEIR, John</i></u>. No smoking, oral intake or vomiting during this time; if vomiting occurs, start over with 15 minute observation period.</p> <p><input checked="" type="checkbox"/> 3. Make sure printer is connected to Alco-Sensor IV.</p> <p><input checked="" type="checkbox"/> 4. Turn printer on.</p> <p><input checked="" type="checkbox"/> 5. Insert mouthpiece into Alco-Sensor IV.</p> <p><input checked="" type="checkbox"/> 6. Observe temperature display, make sure temperature reading is between 10°C and 40°C.</p> <p><input checked="" type="checkbox"/> 7. When "BLNK" is displayed on Alco-Sensor IV, air blank is taken.</p> <p><input checked="" type="checkbox"/> 8. When "TEST" is displayed on Alco-Sensor IV, take subject breath sample.</p> <p><input checked="" type="checkbox"/> 9. When "SET" is displayed on Alco-Sensor IV, press SET button.</p> <p><input checked="" type="checkbox"/> 10. When printer has completed printing test result, tear off tape and fill in subject and officer information.</p> <p><input checked="" type="checkbox"/> 11. Press red button to eject mouthpiece.</p> <p><input checked="" type="checkbox"/> 12. Turn printer off.</p> <p><input checked="" type="checkbox"/> 13. Attach printout to this report.</p>		
<b>CERTIFICATION BY OPERATOR</b>		BAC <i>MAINT TEST</i>
<p>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:</p> <p><input checked="" type="checkbox"/> 1. There was no deviation from the procedure approved by the department.</p> <p><input checked="" type="checkbox"/> 2. To the best of my knowledge the instrument was functioning properly.</p> <p><input checked="" type="checkbox"/> 3. I am authorized to operate the instrument.</p> <p><input checked="" type="checkbox"/> 4. No radio transmission occurred inside the room where and when this was being conducted.</p>		
NAME OF OPERATOR <i>MEIR John</i>	PERMIT NO. <i>250303</i>	EXPIRATION DATE <i>12-22-2017</i>
WITNESS (IF ANY)		DATE

AS IV Serial no: 102465  
Version no: 532B

TEST RECORD 00090

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

Air Blank:  
02/09/16 03:55 .000  
Calibration Check:  
24 02/09/16 03:55 .099

Subject Name

TEST # 1

Subject I.D.

250303

Operator Name, I.D.

MEIR John

Location

Dixon PD

AS IV Serial no: 102465  
Version no: 532B

TEST RECORD 00091

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

Air Blank:  
02/09/16 03:57 .000  
Calibration Check:  
24 02/09/16 03:57 .100

Subject Name

TEST # 2

Subject I.D.

250303

Operator Name, I.D.

MEIR John

Location

Dixon PD

AS IV Serial no: 102465  
Version no: 532B

TEST RECORD 00092

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

Air Blank:  
02/09/16 04:00 .000  
Calibration Check:  
25 02/09/16 04:00 .100

Subject Name

TEST # 3

Subject I.D.

250303

Operator Name, I.D.

MEIR John P

Location

Dixon PD

AS IV Serial no: 102465  
Version no: 532B

TEST RECORD 00093

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

VOID: RFI  
12 02/09/16 04:02

Subject Name

RFI TEST

Subject I.D.

250303

Operator Name, I.D.

MEIR John

Location

Dixon PD



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

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**PERMIT  
TYPE II**

**JOHN P MEIR**

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 12/22/2015

NUMBER 250303

EXPIRES 12/22/2017

MO 680-0771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

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 MEIR, JOHN  
Permit No 250303  
Date Issued 12/22/2015 Date Expires 12/22/2017



Missouri Department of Health and Senior Services  
 P.O. Box 570, Jefferson City, MO 65102-0570 Phone: 573-751-6400 FAX: 573-751-6010  
 RELAY MISSOURI for Hearing and Speech Impaired 1-800-735-2966 VOICE 1-800-735-2466  
 Gail Vasterling  
 Director



Jeremiah W. (Jay) Nixon  
 Governor

Missouri Department of Health and Senior Services Breath Alcohol Program

***SIMULATOR CALIBRATION REPORT***

This is to certify that the simulator listed below has been examined and tested using standards traceable to the National Institute of Standards and Technology (NIST) in accordance to the standards set by the Rules of Missouri Department of Health and Senior Services, 19 CSR 25-30.

**SIMULATOR INFORMATION**

Agency: DIXON PD  
 Serial Number: SD2279  
 Manufacturer: Guth  
 Model Number: 10-4D

**CALIBRATION RESULTS**

<u>Reference</u> <u>Temperature</u>	<u>Simulator</u> <u>Temperature</u>
33.98	34.0

This calibration was performed with  
 NIST-Traceable Thermometer SN: 358440

This simulator was tested by: RWW

This testing was performed: 12/11/2015

This certification expires: 12/11/2016

Signature of certifying DHSS  
 Scientist: 

Name of certifying DHSS Scientist: Ellen Strawsine