RECEIVED
By Carol Day at 11:53 am, Jun 27, 2016

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

ALCO SENSOR IV SN	PRINTER SN	DATE OF INSPECTION
108391	099.3586.822	06/24/2016

LOCATION OF INSTRUMENT (STREET AND CITY)	TIME OF INSPECTION
1 Briar Meadow Ct., Moscow Mills	10:03 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 RepCo Marheting Inc. LOT # 15001 EXP. DATE 05/20/2017

☑ SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.00 SIMULATOR SN MP2152 SIMULATOR EXP DATE 10/06/2016

☑ 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 ☛ .098	TEST 2 ☛ .099	TEST 3 ☛ .099

☑ 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-.04)	(.05-.09)	(.10-.14)	(.15-.19)	(OVER .19)

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).

INSPECTING OFFICER

SIGNATURE	PRINT NAME
▸ T Michels #1381	Tpr. A. Michels
TYPE II PERMIT NUMBER/EXPIRATION DATE	**TELEPHONE NUMBER**
260231 / 06/09/2018	(636) 300-2800

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

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER
services provided on a nondiscriminatory basis

AS IV Serial no: 108391
Version no: 532B

TEST RECORD - REPRINT

TEST RECORD 00281

Temp	Date	Time	9/ 210L

Air Blank:
06/24/16 10:25 .000
Calibration Check:
28 06/24/16 10:25 .100

Subject Name
Re-calibration check
Subject I.D.

Operator Name, I.D.
TM A. Michels
Location
1 Brior Meadow Ct
Moscow Mills

AS IV Serial no: 108391
Version no: 532B

TEST RECORD 00282

Temp	Date	Time	9/ 210L

VOID: RFI
12 06/24/16 10:27

Subject Name
Maint Test
Subject I.D.
RFI Test
Operator Name, I.D.
TM A. Michels
Location
1 Brior Meadow Ct.
Moscow Mills

AS IV Serial no: 108391
Version no: 532B

TEST RECORD 00283

Temp	Date	Time	9/ 210L

Air Blank:
06/24/16 10:32 .000
Calibration Check:
28 06/24/16 10:32 .098

Subject Name
Maint test
Subject I.D.

Operator Name, I.D.
TM. A. Michels
Location
1 Brior Meadow Ct
Moscow Mills

AS IV Serial no: 108391
Version no: 532B

TEST RECORD 00284

Temp	Date	Time	9/ 210L

Air Blank:
06/24/16 10:34 .000
Calibration Check:
28 06/24/16 10:34 .099

Subject Name
Maint Test
Subject I.D.

Operator Name, I.D.
TM A Michels
Location
1 Brior Meadow Ct
Moscow Mills

AS IV Serial no: 108391
Version no: 532B

TEST RECORD 00285

Temp	Date	Time	9/ 210L

Air Blank:
06/24/16 10:36 .000
Calibration Check:
28 06/24/16 10:36 .099

Subject Name
Maint Test
Subject I.D.

Operator Name, I.D.
TM A. Michels
Location
1 Brior Meadow Ct.
Moscow Mills

STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES

BREATH ALCOHOL PROGRAM

2

PERMIT

TYPE II

ADAM J MICHELS

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 6/9/2016

NUMBER 260231

EXPIRES 6/9/2018

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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 MICHELS, ADAM

Permit No 260231

Date Issued 6/9/2016 **Date Expires** 6/9/2018

RECEIVED
By Carol Day at 4:39 pm, Jun 01, 2016

APPROVED
By Ellen Strawsine at 10:08 am, Jun 08, 2016

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	TITLE	AGE
Adam J. Michels	Trooper 1st Class	30

[redacted]	A disclosure concerning your SSN number is available at: http://www.health.mo.gov/lab/breathalcohol/

DEPARTMENT OR TROOP	TELEPHONE
SHP Troop C	(636) 300-2800

BUSINESS ADDRESS (STREET, CITY, STATE, ZIP CODE)
891 Technology Drive, Weldon Spring, Missouri 63304

EMAIL ADDRESS
adam.michels@mshp.dps.mo.gov

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	PLACE ✓ BESIDE INSTRUMENTS FOR WHICH YOU REQUEST	NAME OF INSTRUCTOR
July 2010	Training Academy	32	datamaster	☐	Cummings
Feb 2016	Troop F HQ	8	Alco-Sensor-IV	☑	Cleveland
5/23-6/1	Training Academy	40	Alco Sensor-IV (General)	☑	Day
				☐	

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. Intoximeters AS-IV	2 MR'S OK ERS	5 SELF-TESTS OK ERS
2.		
3.		

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
▸ TM Mls	06/01/2016

RETURN COMPLETED APPLICATION TO THE: Breath Alcohol Program, Missouri Department of Health and Senior Services
Southeast District Office
2875 James Blvd.
Poplar Bluff, MO 63901