



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 111323	PRINTER SN 099.3586.617	DATE OF INSPECTION 06/24/2016
LOCATION OF INSTRUMENT (STREET AND CITY) 1 Briar Meadow Ct., Moscow Mills		TIME OF INSPECTION 9:08 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 Marketing 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 • .099%	TEST 2 • .099%	TEST 3 • .101%
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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-.04)	(.05-.09)	(.10-.14)	(.15-.19)	(OVER .19)
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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).

INSPECTING OFFICER

SIGNATURE <i>Tpr. Adam Michels #1351</i>	PRINT NAME Tpr. Adam Michels
TYPE II PERMIT NUMBER/EXPIRATION DATE 260231 / 06/09/2018	TELEPHONE NUMBER (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

AS IV Serial no: 111323
Version no: 532B

TEST RECORD - REPRINT

TEST RECORD 00030

Temp Date Time ^{s/} 210L

Air Blank:
06/24/16 09:30 .000
Calibration Check:
27 06/24/16 09:30 .101

Subject Name

Maint Test

Subject I.D.

Operator Name, I.D.

T.M.A. Michels

Location

1 Briar Meadow Ct.

Moscow Mills

AS IV Serial no: 111323
Version no: 532B

TEST RECORD - REPRINT

TEST RECORD 00027

Temp Date Time ^{s/} 210L

VOID: RFI
12 06/24/16 09:10

Subject Name

Maint Test

Subject I.D.

RFI check

Operator Name, I.D.

T.M.A. Michels

Location

1 Briar Meadow Ct

Moscow Mills

*Reprint due to ribbon
error*

AS IV Serial no: 111323
Version no: 532B

TEST RECORD - REPRINT

TEST RECORD 00028

Temp Date Time ^{s/} 210L

Air Blank:
06/24/16 09:21 .000
Calibration Check:
25 06/24/16 09:21 .099

Subject Name

Maint Test

Subject I.D.

Operator Name, I.D.

T.M.A. Michels

Location

1 Briar Meadow Ct

Moscow Mills

AS IV Serial no: 111323
Version no: 532B

TEST RECORD 00029

Temp Date Time ^{s/} 210L

Air Blank:
06/24/16 09:25 .000
Calibration Check:
26 06/24/16 09:25 .099

Subject Name

Maint Test

Subject I.D.

Operator Name, I.D.

T.M.A. Michels

Location

1 Briar Meadow Ct

Moscow Mills



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



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 <input checked="" type="checkbox"/> NEW PERMIT <input type="checkbox"/> RENEWAL		CURRENT PERMIT NUMBER AND EXPIRATION DATE	
PRINT FULL NAME Adam J. Michels		TITLE Trooper 1st Class	AGE 30
[REDACTED]		A disclosure concerning your SSN number is available at: http://www.health.mo.gov/lab/breathalcohol/	
DEPARTMENT OR TROOP SHP Troop C		TELEPHONE (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 A CHECKMARK BESIDE INSTRUMENTS FOR WHICH YOU REQUEST	NAME OF INSTRUCTOR
July 2010	Training Academy	32	datamaster	<input type="checkbox"/>	Cummings
Feb 2016	Troop F HQ	8	Alco-Sensor-IV	<input checked="" type="checkbox"/>	Cleveland
5/23-6/1	Training Academy	40	Alco Sensor-IV (General)	<input checked="" type="checkbox"/>	Day
				<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. 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 ▶ <i>Adam J. Michels</i>	DATE 06/01/2016
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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