



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 087959	PRINTER SN 210639922	DATE OF INSPECTION 09/02/2023
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LOCATION OF INSTRUMENT (STREET AND CITY) SCCPD / 101 Sheriff Dierker Court, O'Fallon, Missouri 63366	TIME OF INSPECTION 6:44 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

<input type="checkbox"/> SIMULATOR SOLUTION	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
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STANDARD SUPPLIER Intoximeters LOT # AG313002 EXP. DATE 05/10/2025

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 ➡ .105	TEST 2 ➡ .103	TEST 3 ➡ .103
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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)	1
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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 	PRINT NAME Piant, Jr Jeffery
TYPE II PERMIT NUMBER/EXPIRATION DATE 230051/03/27/2025	TELEPHONE NUMBER (636) 949-3000

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 Ser. No. 087959
Version no: 532B

TEST RECORD 00488

Temp Date Time ^{g/}210L

Air Blank:
09/02/23 06:44 .000
Calibration Check:
23 09/02/23 06:44 .105

Subject Name

Test

Subject I.D.

1

Operator Name, I.D.

Piant 230051

Location

SCCPD

AS IV Ser. No. 087959
Version no: 532B

TEST RECORD 00489

Temp Date Time ^{g/}210L

Air Blank:
09/02/23 06:47 .000
Calibration Check:
23 09/02/23 06:47 .103

Subject Name

Test

Subject I.D.

2

Operator Name, I.D.

Piant 230051

Location

SCCPD

AS IV Ser. No. 087959
Version no: 532B

TEST RECORD 00490

Temp Date Time ^{g/}210L

Air Blank:
09/02/23 06:49 .000
Calibration Check:
24 09/02/23 06:49 .103

Subject Name

Test

Subject I.D.

3

Operator Name, I.D.

Piant 230051

Location

SCCPD

AS IV Ser. No. 087959
Version no: 532B

TEST RECORD 00491

Temp Date Time ^{g/}210L

VOID: RFI
12 09/02/23 06:52

Subject Name

Test

Subject I.D.

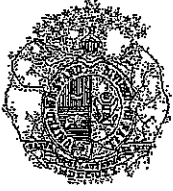
RFI

Operator Name, I.D.

Piant 230051

Location

SCCPD



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



PERMIT
TYPE II

JEFFERY PIANT JR.

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 577.044, RSMo and 306.111 through 306.119 RSMo.

DATE 3/27/2023

NUMBER 230051

EXPIRES 3/27/2025

Mike Mason

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

David J. Nicholson

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO-580-0771 (6-10)

LAS-4 (06-10)



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 PIANT JR., JEFFERY

Permit No 230051

Date Issued 3/27/2023 . Date Expires 3/27/2025

