



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

RECEIVED
 BY: Tracy Green at 7:14 am, Dec 20, 2023

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 087964	NAME OF AGENCY Vernon County Sheriff's Office	DATE OF INSPECTION 11/30/2023
LOCATION OF INSTRUMENT (STREET AND CITY) 2040 E. Hunter St. Nevada, Missouri, 64772		TIME OF INSPECTION 10:00 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.

- 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
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>Intoximeters</u>	LOT # <u>AG205902</u> EXP. DATE <u>02/28/2024</u>
<input type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) _____	SIM. SN _____ SIM. NIST 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 ← .080	TEST 2 ← .079	TEST 3 ← .079
---------------	---------------	---------------

- 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
----------	---	---------	---	-----------	---	-----------	---	-----------	---	------------	---

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).

*Time change
 Paper change*

INSPECTING OFFICER	
SIGNATURE ▶ <i>M. Weisensee 275</i>	PRINT NAME M. Weisensee
TYPE II PERMIT NUMBER/EXPIRATION DATE 220096 03/16/2024	TELEPHONE NUMBER (417) 283-4400

Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office by mail, fax, or email.

T#
P#

AS IV Serial no: 087964
Version no: 532B

TEST RECORD 00887^{s/}
Temp Date Time 210L

Air Blank:
11/30/23 22:20 .000
Calibration Check:
22 11/30/23 22:20 .000

Subject Name
Subject I.D.
Operator Name, I.D.
Location

AS IV Serial no: 087964
Version no: 532B

TEST RECORD 00868^{s/}
Temp Date Time 210L

Air Blank:
11/30/23 22:21 .000
Calibration Check:
23 11/30/23 22:21 .079

Subject Name
Subject I.D.
Operator Name, I.D.
Location

AS IV Serial no: 087964
Version no: 532B

TEST RECORD 00869^{s/}
Temp Date Time 210L

Air Blank:
11/30/23 22:23 .000
Calibration Check:
24 11/30/23 22:23 .079

Subject Name
Subject I.D.
Operator Name, I.D.
Location

n#

AS IV Serial no: 087964
Version no: 532B

TEST RECORD 00870^{s/}
Temp Date Time 210L

VOID: RFI
12 11/30/23 22:26

Subject Name
Subject I.D.
Operator Name, I.D.
Location



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



PERMIT
TYPE II

MICHAEL WEISENSEE

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 3/16/2022

Laura G. Waig

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 220096

Paula J. Nickelson

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

EXPIRES 3/16/2024

MO 600-0771 (6-10)

1 A1-1 (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 WEISENSEE, MICHAEL
 Permit No 220096
 Date Issued 3/16/2022 Date Expires 3/16/2024

