



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 097401	NAME OF AGENCY MISSOURI STATE HIGHWAY PATROL	DATE OF INSPECTION 08/30/2023
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LOCATION OF INSTRUMENT (STREET AND CITY) 1000 CITY PARKWAY, OSAGE BEACH, MISSOURI 65065	TIME OF INSPECTION
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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 # 23180 EXP. DATE 05/17/2025

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 33.97 SIM. SN MP2130 SIM. NIST EXP DATE 11/22/2023

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 ← .097	TEST 2 ← .097	TEST 3 ← .097
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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) 1	(.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>T. Rosa</i>	PRINT NAME TYLER R. ROSA
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TYPE II PERMIT NUMBER/EXPIRATION DATE 230121 / 06/07/2025	TELEPHONE NUMBER (573) 751-1000
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Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office by mail, fax, or email.

AS IV Serial no: 097401
Version no: 532B

TEST RECORD 00663

Temp	Date	Time	s/ 210L
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Air Blank:
08/30/23 18:04 .000
Calibration Check:
26 08/30/23 18:04 .097

Subject Name

Acc 1

Subject I.D.

Acc 1

Operator Name, I.D.

T. Rosa 230121

Location

Troop F
Zonelli office

AS IV Serial no: 097401
Version no: 532B

TEST RECORD 00664

Temp	Date	Time	s/ 210L
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Air Blank:
08/30/23 18:09 .000
Calibration Check:
26 08/30/23 18:09 .097

Subject Name

Acc 2

Subject I.D.

Acc 2

Operator Name, I.D.

T. Rosa 230121

Location

Troop F
Zonelli office

AS IV Serial no: 097401
Version no: 532B

TEST RECORD 00665

Temp	Date	Time	s/ 210L
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Air Blank:
08/30/23 18:14 .000
Calibration Check:
26 08/30/23 18:14 .097

Subject Name

Acc 3

Subject I.D.

Acc 3

Operator Name, I.D.

T. Rosa 230121

Location

Troop F
Zonelli office

AS IV Serial no: 097401
Version no: 532B

TEST RECORD 00666

Temp	Date	Time	s/ 210L
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VOID: RFI
12 08/30/23 18:14

Subject Name

RFI check

Subject I.D.

RFI check

Operator Name, I.D.

T. Rosa 230121

Location

Troop F
Zonelli office



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



PERMIT
TYPE II
TYLER ROSA

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, INTOX DMT

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 6/7/2023

NUMBER 230121

EXPIRES 6/7/2025

Mike Massman

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Paula J. Nicholson

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES



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 ROSA, TYLER
Permit No 230121
Date Issued 6/7/2023 **Date Expires** 6/7/2025

