



**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 09/30/2023
-----------------------------	---	----------------------------------

LOCATION OF INSTRUMENT (STREET AND CITY) 1000 City Parkway, Osage Beach, Missouri 65065	TIME OF INSPECTION 9:35 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 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 <input checked="" type="checkbox"/> .100	TEST 2 <input checked="" type="checkbox"/> .099	TEST 3 <input checked="" type="checkbox"/> .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) 3	(.15-.19) 1	(OVER .19) 3
----------	---------	-----------	-------------	-------------	--------------

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).

CALIBRATION .100 PERCENT

**INSPECTING OFFICER**

SIGNATURE 	PRINT NAME TYLER R. ROSA
---------------	-----------------------------

TYPE II PERMIT NUMBER/EXPIRATION DATE 230121 / 06/07/2025	TELEPHONE NUMBER (573) 751-1000
--	------------------------------------

**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 00679

Temp Date Time 210L

Air Blank:  
09/30/23 09:51 .000  
Calibration:  
23 09/30/23 09:51 .100

Subject Name

Cal I  
Subject I.D.

Operator Name, I.D.

Rosa 230121  
Location

Troop F Zone II

office

AS IV Serial no: 097401  
Version no: 532B

TEST RECORD 00680

Temp Date Time 210L

Air Blank:  
09/30/23 09:56 .000  
Calibration Check:  
24 09/30/23 09:56 .100

Subject Name

Acc1  
Subject I.D.

Operator Name, I.D.

Rosa 230121  
Location

Troop F Zone II

office

7/30/23 10:02 .000  
Calibration Check:  
24 09/30/23 10:02 .099

Subject Name

ACC 2  
Subject I.D.

Operator Name, I.D.

Rosa 230121  
Location

Troop F Zone II

office

AS IV Serial no: 097401  
Version no: 532B

TEST RECORD 00682

Temp Date Time 210L

Air Blank:  
09/30/23 10:07 .000  
Calibration Check:  
25 09/30/23 10:07 .099

Subject Name

ACC 3  
Subject I.D.

Operator Name, I.D.

Rosa 230121  
Location

Troop F Zone II

office

AS IV Serial no: 097401  
Version no: 532B

TEST RECORD 00683

Temp Date Time 210L

VOID: RFI  
12 09/30/23 10:11

Subject Name

RFI  
Subject I.D.

Operator Name, I.D.

Rosa 230121  
Location

Troop F Zone II

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

