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By Tracy Crews at 7:51 am, Aug 16, 2023



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 104641 | NAME OF AGENCY O'Fallon PD | DATE OF INSPECTION 8-11-2023 |
| LOCATION OF INSTRUMENT (STREET AND CITY) 1019 Bryan Road, O'Fallon, MO | | TIME OF INSPECTION 1835 |

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.

| |
|--|
| <input checked="" type="checkbox"/> DIGITAL READOUT (ALL ELEMENTS OPERATIONAL) |
| <input checked="" type="checkbox"/> TEMPERATURE OF ALCO SENSOR (10°C - 40°C) |
| <input checked="" type="checkbox"/> PRINTER WORKING PROPERLY |
| <input checked="" type="checkbox"/> 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, Inc.</u> | LOT # <u>AG310305</u> EXP. DATE <u>04-13-2025</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)

| |
|---|
| <input type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE |
| <input checked="" type="checkbox"/> 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE |
| <input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE |

| | | |
|---------------|---------------|---------------|
| TEST 1 ← .078 | TEST 2 ← .078 | TEST 3 ← .077 |
|---------------|---------------|---------------|

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 |
|------------|-----------|-------------|-------------|-------------|--------------|

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).

N/A

INSPECTING OFFICER

| | |
|--|------------------------------------|
| SIGNATURE | PRINT NAME Chris Sinnokrak |
| TYPE II PERMIT NUMBER/EXPIRATION DATE 220271 / 12-14-2024 | TELEPHONE NUMBER (636)240-3200 |

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: 104641
Version no: 532B

TEST RECORD 01383

Temp Date Time ^{s/} 210L

Air Blank:
08/11/23 18:39 .000
Calibration Check:
22 08/11/23 18:39 .078

Subject Name

TEST 1

Subject I.D.

Operator Name, I.D.

SINNOCKRAK 334

Location

AS IV Serial no: 104641
Version no: 532B

TEST RECORD 01384

Temp Date Time ^{s/} 210L

Air Blank:
08/11/23 18:41 .000
Calibration Check:
23 08/11/23 18:41 .078

Subject Name

TEST 2

Subject I.D.

Operator Name, I.D.

SINNOCKRAK 334

Location

AS IV Serial no: 104641
Version no: 532B

TEST RECORD 01385

Temp Date Time ^{s/} 210L

Air Blank:
08/11/23 18:43 .000
Calibration Check:
24 08/11/23 18:43 .077

Subject Name

TEST 3

Subject I.D.

Operator Name, I.D.

SINNOCKRAK 334

Location

AS IV Serial no: 104641
Version no: 532B

TEST RECORD 01386

Temp Date Time ^{s/} 210L

VOID: RFI
12 08/11/23 18:45

Subject Name

RFI

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 104641
Version no: 532B

TEST RECORD 01387

Temp Date Time ^{s/} 210L

Air Blank:
08/11/23 18:46 .000
Subject Test: Auto
25 08/11/23 18:46 .000

Subject Name

SOBER TEST

Subject I.D.

Operator Name, I.D.

Location



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



PERMIT
TYPE II
CHRIS SINNOKRAK

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 EC/IR II

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 12/14/2022

NUMBER 220271

EXPIRES 12/14/2024

Mike Mason

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

David J. Nielson

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 SINNOKRAK, CHRIS
Permit No 220271
Date Issued 12/14/2022 Date Expires 12/14/2024

