



**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 105449	NAME OF AGENCY MANCHESTER	DATE OF INSPECTION 01-08-2023
-----------------------------	------------------------------	----------------------------------

LOCATION OF INSTRUMENT (STREET AND CITY) 200 HIGHLANDS BLVD, MANCHESTER MO 63011	TIME OF INSPECTION 1400
---	----------------------------

**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) 23°
- PRINTER WORKING PROPERLY
- TIME AND DATE DISPLAYING PROPERLY

**BREATH ALCOHOL ACCURACY STANDARDS**

- SIMULATOR SOLUTION  COMPRESSED ETHANOL-GAS MIXTURE
- STANDARD SUPPLIER INTOXIMETERS LOT # AG202002 EXP. DATE 01/20/2024
- 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 • <u>.099</u>	TEST 2 • <u>.098</u>	TEST 3 • <u>.099</u>
----------------------	----------------------	----------------------

- 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)	(.15-.19)	(OVER .19)
----------	---------	-----------	-----------	-----------	------------

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>[Signature]</i>	PRINT NAME <u>PO Toedehurdt 5366</u>
---------------------------------	---

TYPE II PERMIT NUMBER/EXPIRATION DATE <u>220140</u> <u>5/11/24</u>	TELEPHONE NUMBER (636) 227-1410
---	------------------------------------

**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: 185449  
Version no: 532B

TEST RECORD 00225

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
01/08/23 14:06 .000  
Calibration Check:  
22 01/08/23 14:06 .099

Subject Name

*Test 1*

Subject I.D.

*Toedebusch 220140*

Operator Name, I.D.

Location

*200 Highlands*

AS IV Serial no: 185449  
Version no: 532B

TEST RECORD 00226

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
01/08/23 14:08 .000  
Calibration Check:  
23 01/08/23 14:08 .098

Subject Name

*Test 2*

Subject I.D.

Operator Name, I.D.

*Toedebusch 220140*

Location

*200 Highlands*

AS IV Serial no: 185449  
Version no: 532B

TEST RECORD 00227

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
01/08/23 14:09 .000  
Calibration Check:  
24 01/08/23 14:09 .099

Subject Name

*Test 3*

Subject I.D.

Operator Name, I.D.

*Toedebusch 220140*

Location

*200 Highlands*

AS IV Serial no: 185449  
Version no: 532B

TEST RECORD 00228

Temp Date Time <sup>s/</sup> 210L

VOID: RFI  
12 01/08/23 14:11

Subject Name

*RFI*

Subject I.D.

Operator Name, I.D.

*Toedebusch 220140*

Location

*200 Highlands*





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



**PERMIT  
TYPE II**

**RANDY TOEDEBUSCH**

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 5/11/2022

*Laura Q. Nay*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 220140

*David J. Nielson*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

EXPIRES 5/11/2024

**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 TOEDEBUSCH, RANDY  
Permit No 220140  
Date Issued 5/11/2022 Date Expires 5/11/2024

