



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

RECEIVED

By Tracy Crews at 11:48 am, Nov 01, 2023

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 107992	NAME OF AGENCY 099.3586.825	DATE OF INSPECTION 11/01/2023
LOCATION OF INSTRUMENT (STREET AND CITY) 211 West Broadway Webb City, Missouri 64870		TIME OF INSPECTION 04:42 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.

<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>AG309502</u> EXP. DATE <u>04/05/2025</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 checked="" type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE
<input 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 ← 0.103	TEST 2 ← 0.103	TEST 3 ← 0.103
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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	(0-.04) 0	(.05-.09) 0	(.10-.14) 0	(.15-.19) 0	(OVER .19) 0
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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 	PRINT NAME Christopher Shonk
TYPE II PERMIT NUMBER/EXPIRATION DATE 230130 / 06/26/2025	TELEPHONE NUMBER (417) 673-1911

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: 107992
Version no: 532B

TEST RECORD 01636

Temp Date Time ^{s/} 210L

Air Blank:
11/01/23 04:42 .000
Calibration Check:
20 11/01/23 04:42 .103

Subject Name

TEST 1

Subject I.D.

Operator Name, I.D.

Sgt. C. Shoak #230130

Location

WCPD

AS IV Serial no: 107992
Version no: 532B

TEST RECORD 01637

Temp Date Time ^{s/} 210L

Air Blank:
11/01/23 04:44 .000
Calibration Check:
20 11/01/23 04:44 .103

Subject Name

TEST #2

Subject I.D.

Operator Name, I.D.

Sgt. C. Shoak #230130

Location

WCPD

AS IV Serial no: 107992
Version no: 532B

TEST RECORD 01638

Temp Date Time ^{s/} 210L

Air Blank:
11/01/23 04:46 .000
Calibration Check:
20 11/01/23 04:46 .103

Subject Name

TEST #3

Subject I.D.

Operator Name, I.D.

Sgt. C. Shoak #230130

Location

WCPD

AS IV Serial no: 107992
Version no: 532B

TEST RECORD 01639

Temp Date Time ^{s/} 210L

VOID: RFI
12 11/01/23 04:47

Subject Name

RFI CHECK

Subject I.D.

Operator Name, I.D.

Sgt. C. Shoak #230130

Location

WCPD

AS IV Serial no: 107992
Version no: 532B

TEST RECORD 01640

Temp Date Time ^{s/} 210L

Air Blank:
11/01/23 04:49 .000
Subject Test: Auto
21 11/01/23 04:49 .000

Subject Name

Sober Sample

Subject I.D.

Operator Name, I.D.

Sgt. C. Shoak #230130

Location

WCPD



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



PERMIT
TYPE II
CHRISTOPHER SHONK

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, INTOXILYZER 8000

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 6/26/2023

NUMBER 230130

EXPIRES 6/26/2025

Mike Maxson

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Douglas 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 SHONK, CHRISTOPHER
Permit No 230130
Date issued 6/26/2023 Date Expires 6/26/2025

