



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

**RECEIVED**

By Tracy Crews at 7:53 am, Dec 04, 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 12/02/2023
LOCATION OF INSTRUMENT (STREET AND CITY) 211 West Broadway Webb City, Missouri 64870		TIME OF INSPECTION 06:25 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**

<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)
  - 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 = 0.100	TEST 2 = 0.101	TEST 3 = 0.102
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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).

**changed time due to time change**

<b>INSPECTING OFFICER</b>	
SIGNATURE	PRINT NAME <b>Christopher Shonk</b>
TYPE II PERMIT NUMBER/EXPIRATION DATE <b>230130 / 06/26/2025</b>	TELEPHONE NUMBER <b>( 417 ) 673-1911</b>

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 01641

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

Air Blank:  
12/02/23 06:25 .000  
Calibration Check:  
21 12/02/23 06:25 .100

Subject Name

TEST # 1

Subject I.D.

Operator Name, I.D.

Sgt. C. Shock # 230130

Location

WCPD

AS IV Serial no: 107992  
Version no: 532B

TEST RECORD 01642

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

Air Blank:  
12/02/23 06:27 .000  
Calibration Check:  
21 12/02/23 06:27 .101

Subject Name

TEST # 2

Subject I.D.

Operator Name, I.D.

Sgt. C. Shock # 230130

Location

WCPD

AS IV Serial no: 107992  
Version no: 532B

TEST RECORD 01643

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

Air Blank:  
12/02/23 06:29 .000  
Calibration Check:  
21 12/02/23 06:29 .102

Subject Name

TEST # 3

Subject I.D.

Operator Name, I.D.

Sgt. C. Shock # 230130

Location

WCPD

AS IV Serial no: 107992  
Version no: 532B

TEST RECORD 01644

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

VOID: RFI  
12 12/02/23 06:31

Subject Name

RFI CHECK

Subject I.D.

Operator Name, I.D.

Sgt. C. Shock # 230130

Location

WCPD

AS IV Serial no: 107992  
Version no: 532B

TEST RECORD 01645

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

Air Blank:  
12/02/23 06:33 .000  
Subject Test: Auto  
22 12/02/23 06:33 .000

Subject Name

Sober Sample

Subject I.D.

Operator Name, I.D.

Sgt. C. Shock # 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

