



ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

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 111330	NAME OF AGENCY Missouri State Highway Patrol	DATE OF INSPECTION 09/06/2023
LOCATION OF INSTRUMENT (STREET AND CITY) 1510 e. Elm Street Jefferson City MO		TIME OF INSPECTION 9:52 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 checked="" type="checkbox"/> SIMULATOR SOLUTION	<input type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>Guth Laboratories</u> LOT # <u>23180</u> EXP. DATE <u>05/01/2025</u>	
<input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) <u>33.98</u> SIM. SN <u>MP2133</u> SIM. NIST EXP DATE <u>10/11/2023</u>	
<input type="checkbox"/> 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 • .101	TEST 2 • 0.102	TEST 3 • 0.101
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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-.04) 2	(.05-.09) 4	(.10-.14) 8	(.15-.19) 1	(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).

Added new roll of printer paper and printer ribbon.

INSPECTING OFFICER

SIGNATURE ▶	PRINT NAME Ryan L. Hutton
TYPE II PERMIT NUMBER/EXPIRATION DATE 220178 7/12/2024	TELEPHONE NUMBER (573) 751-9943

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: 111330
Version no: 532B

TEST RECORD 00814

Temp Date Time 210L

Air Blank:
09/06/23 10:07 .000
Calibration Check:
25 09/06/23 10:07 .101

Subject Name

RYAN HUTO

Subject I.D.

220178

Operator Name, I.D.

MSHP ACADEMY

Location

AS IV Serial no: 111330
Version no: 532B

TEST RECORD 00815

Temp Date Time 210L

Air Blank:
09/06/23 10:08 .000
Calibration Check:
26 09/06/23 10:08 .102

Subject Name

RYAN HUTTON

Subject I.D.

220178

Operator Name, I.D.

MSHP ACADEMY

Location

AS IV Serial no: 111330
Version no: 532B

TEST RECORD 00816

Temp Date Time 210L

Air Blank:
09/06/23 10:10 .000
Calibration Check:
26 09/06/23 10:10 .101

Subject Name

RYAN HUTTON

Subject I.D.

220178

Operator Name, I.D.

MSHP ACADEMY

Location

AS IV Serial no: 111330
Version no: 532B

TEST RECORD 00817

Temp Date Time 210L

VOID: RFI
12 09/06/23 10:11

Subject Name

RYAN HUTTON

Subject I.D.

220178

Operator Name, I.D.

MSHP ACADEMY

Location



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



PERMIT
TYPE II
RYAN L. HUTTON

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 7/12/2022

NUMBER 220178

EXPIRES 7/12/2024

Mike Massman

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Davea J. Nickelson

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 560-0771 (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 HUTTON, RYAN
 Permit No 220178
 Date Issued 7/12/2022 Date Expires 7/12/2024

