



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 111630	NAME OF AGENCY Miller County Sheriff's Office	DATE OF INSPECTION 06/26/2023
LOCATION OF INSTRUMENT (STREET AND CITY) 1999 Hwy 52 Tuscumbia, Missouri 65082		TIME OF INSPECTION 1:19 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

- SIMULATOR SOLUTION COMPRESSED ETHANOL-GAS MIXTURE
- STANDARD SUPPLIER Intoximeters LOT # AG231902 EXP. DATE 11/15/2024
- 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 .095	TEST 2 .095	TEST 3 .096
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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)	1	(.10-.14)	1	(.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).

OK

INSPECTING OFFICER

SIGNATURE 	PRINT NAME Corporal Patrick
TYPE II PERMIT NUMBER/EXPIRATION DATE 220136 05/11/2024	TELEPHONE NUMBER (573) 369-2341

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: 111630
Version no: 532B

TEST RECORD 00988

Temp Date Time ^{s/} 210L

Air Blank:
06/26/23 01:19 .000
Calibration Check:
25 06/26/23 01:19 .095

Subject Name

test #1

Subject I.D.

Patrick 220136

Operator Name, I.D.

mcso

Location

AS IV Serial no: 111630
Version no: 532B

TEST RECORD 00989

Temp Date Time ^{s/} 210L

Air Blank:
06/26/23 01:21 .000
Calibration Check:
26 06/26/23 01:21 .095

Subject Name

test #2

Subject I.D.

Patrick 220136

Operator Name, I.D.

mcso

Location

AS IV Serial no: 111630
Version no: 532B

TEST RECORD 00990

Temp Date Time ^{s/} 210L

Air Blank:
06/26/23 01:23 .000
Calibration Check:
26 06/26/23 01:23 .096

Subject Name

test #3

Subject I.D.

Patrick 220136

Operator Name, I.D.

mcso

Location

AS IV Serial no: 111630
Version no: 532B

TEST RECORD 00991

Temp Date Time ^{s/} 210L

Air Blank:
06/26/23 01:24 .000
Subject Test: Auto
27 06/26/23 01:24 .000

Subject Name

Blank test

Subject I.D.

Patrick 220136

Operator Name, I.D.

mcso

Location

AS IV Serial no: 111630
Version no: 532B

TEST RECORD 00992

Temp Date Time ^{s/} 210L

VOID: RFI
12 06/26/23 01:26

Subject Name

RFI test

Subject I.D.

Patrick 220136

Operator Name, I.D.

mcso

Location



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

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PERMIT
TYPE II
SCOTT E. PATRICK

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 5/11/2022

Laura P. Way

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 220136

Paula 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 PATRICK, SCOTT
 Permit No 220136
 Date Issued 5/11/2022 Date Expires 5/11/2024

