



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

RECEIVED
 By Tracy Crews at 10:30 am, Aug 10, 2023

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 111658	NAME OF AGENCY WAYNE COUNTY SHERIFFS OFFICE	DATE OF INSPECTION 8-9-2023
LOCATION OF INSTRUMENT (STREET AND CITY) 125 MAPLE ST GREENVILLE, MO 63944		TIME OF INSPECTION 1141

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 # **AG315201** EXP. DATE **06-01-2025**
- 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 • .098	TEST 2 • .098	TEST 3 • .098
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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 DJ. ROBINSON
TYPE II PERMIT NUMBER/EXPIRATION DATE 230109 / 5-30-2025	TELEPHONE NUMBER 573-224-3219

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: 111658
Version no: 532B

TEST RECORD 00047

Temp Date Time ^{s/} 210L

Air Blank:
08/09/23 11:41 .000
Calibration Check:
23 08/09/23 11:41 .098

Subject Name

TEST

Subject I.D.

1

Operator Name, I.D.

D. ROBINSON 230109

Location

WCSO

AS IV Serial no: 111658
Version no: 532B

TEST RECORD 00049

Temp Date Time ^{s/} 210L

Air Blank:
08/09/23 11:45 .000
Calibration Check:
24 08/09/23 11:45 .098

Subject Name

TEST

Subject I.D.

2

Operator Name, I.D.

D. ROBINSON 230109

Location

WCSO

AS IV Serial no: 111658
Version no: 532B

TEST RECORD 00050

Temp Date Time ^{s/} 210L

Air Blank:
08/09/23 11:48 .000
Calibration Check:
25 08/09/23 11:48 .098

Subject Name

TEST

Subject I.D.

3

Operator Name, I.D.

D. ROBINSON 230109

Location

WCSO

AS IV Serial no: 111658
Version no: 532B

TEST RECORD 00051

Temp Date Time ^{s/} 210L

VOID: RFI
12 08/09/23 11:52

Subject Name

TEST

Subject I.D.

RFI

Operator Name, I.D.

D. ROBINSON 230109

Location

WCSO



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

2

**PERMIT
 TYPE II**

DONALD J. ROBINSON

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

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 5/30/2023

NUMBER 230109

EXPIRES 5/30/2025

Mike Mason

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Paula J. Nickelson

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (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 **ROBINSON, DONALD**
 Permit No **230109**
 Date Issued **5/30/2023** Date Expires **5/30/2025**

