



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 111744 | NAME OF AGENCY BOONE COUNTY SHERIFF'S OFFICE | DATE OF INSPECTION 01/02/2023 |
| LOCATION OF INSTRUMENT (STREET AND CITY) 2111 E. COUNTY DR, COLUMBIA | | TIME OF INSPECTION 9:41 pm |

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 .103 TEST 2 .102 TEST 3 .102

- 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) | 1 | (.15-.19) | 1 | (OVER .19) | 0 |
|----------|---|---------|---|-----------|---|-----------|---|-----------|---|------------|---|

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).

INSTRUMENT OPERATING SATISFACTORILY AND WITHIN ESTABLISHED LIMITS.

INSPECTING OFFICER

| | |
|---|------------------------------------|
| SIGNATURE | PRINT NAME Jesse Dennison |
| TYPE II PERMIT NUMBER/EXPIRATION DATE 220166, 06/24/2024 | TELEPHONE NUMBER (573) 875-1111 |

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: 111744
Version no: 532B

TEST RECORD 00657 s/
Temp Date Time 210L

Air Blank: 01/02/23 21:40 .000
Calibration Check: 16 01/02/23 21:40 .103

Subject Name
Test 1
Subject I.D.

Operator Name: J.D.
Demison 20066
Location
2111 E County Dr

AS IV Serial no: 111744
Version no: 532B

TEST RECORD 00658 s/
Temp Date Time 210L

Air Blank: 01/02/23 21:42 .000
Calibration Check: 18 01/02/23 21:42 .102

Subject Name
Test 2
Subject I.D.

Operator Name: J.D.
Demison 20066
Location
2111 E County Dr

AS IV Serial no: 111744
Version no: 532B

TEST RECORD 00659 s/
Temp Date Time 210L

Air Blank: 01/02/23 21:43 .000
Calibration Check: 18 01/02/23 21:43 .102

Subject Name
Test 3
Subject I.D.

Operator Name: J.D.
Demison 20066
Location
2111 E County Dr

AS IV Serial no: 111744
Version no: 532B

TEST RECORD 00660 s/
Temp Date Time 210L

VOID: RFI
12 01/02/23 21:44

Subject Name
RFI
Subject I.D.

Operator Name: J.D.
Demison 20066
Location
2111 E County Dr



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



PERMIT
TYPE II
JESSE DENNISON

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 6/24/2022

NUMBER 220166

EXPIRES 6/24/2024

Mike Massman

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Paula F. 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 DENNISON, JESSE
Permit No 220166
Date Issued 6/24/2022 **Date Expires** 6/24/2024

