



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 08/08/2023
LOCATION OF INSTRUMENT (STREET AND CITY) 2111 E. COUNTY DR, COLUMBIA		TIME OF INSPECTION 11:43 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 = 0.98	TEST 2 = 0.98	TEST 3 = 1.02 .04g
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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)	2	(.15-.19)	0	(OVER .19)	2
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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).

INSTRUMENT OPERATING SATISFACTORILY AND WITHIN ESTABLISHED LIMITS.

INSPECTING OFFICER

SIGNATURE 	PRINT NAME Jesse Dennison
TYPE II PERMIT NUMBER/EXPIRATION DATE 220166, 6/24/2024	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 00750

Temp Date Time 210L 9/

Air Blank: 08/08/23 23:44 .000

Calibration Check: 29 08/08/23 23:44 .098

Subject Name
Test 1
Subject I.D.

Operator Name, I.D.
Demison, 22016s
Location
211 County Dr

AS IV Serial no: 111744
Version no: 532B

TEST RECORD 00751

Temp Date Time 210L 9/

Air Blank: 08/08/23 23:46 .000

Calibration Check: 30 08/08/23 23:46 .098

Subject Name
Test 2
Subject I.D.

Operator Name, I.D.
Demison, 22016s
Location
211 County Dr

TEST RECORD 00752

Temp Date Time 210L 9/

Air Blank: 08/08/23 23:51 .000

Calibration Check: 29 08/08/23 23:51 .098

Subject Name
Test 3
Subject I.D.

Operator Name, I.D.
Demison, 22016s
Location
211 County Dr

AS IV Serial no: 111744
Version no: 532B

TEST RECORD 00753

Temp Date Time 210L 9/

VOID: RFI

12 08/08/23 23:53

Subject Name
RFI
Subject I.D.

Operator Name, I.D.
Demison, 22016s
Location
211 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 Masoun

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Paula J. Nickelson

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



RECEIVED

By Tracy Crews at 4:01 pm, Jun 22, 2022

APPROVED

By Brianna Medrano at 11:14 am, Jun 23, 2022



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

APPLICATION FOR TYPE II PERMIT FOR OPERATION OF BREATH ALCOHOL ANALYZERS

THIS APPLICATION IS FOR NEW PERMIT RENEWAL CURRENT PERMIT NUMBER AND EXPIRATION DATE

PRINT FULL NAME: Jesse Ryan Demison TITLE: Deputy Sheriff AGE: 27

A disclosure concerning your SSN number is available at: <http://www.health.mo.gov/lab/breathalcohol/>

DEPARTMENT OR TROOP: Boone County Sheriff's office TELEPHONE: 573-875-1111

BUSINESS ADDRESS (STREET, CITY, STATE, ZIP CODE): 2121 E county Dr, Columbia, MO 65802

EMAIL ADDRESS: Jdemison@boonecountymo.org

LIST ALL ORIGINAL TRAINING COURSES FOR OPERATION OF BREATH ANALYZERS
(Also, please place a checkmark beside ALL breath analyzer(s) for which you are requesting a permit.)

DATES OF COURSE	LOCATION OF COURSE	COURSE LENGTH (HRS.)	NAME & MODEL OF BREATH ANALYZER	PLACE A CHECKMARK BESIDE INSTRUMENT(S) FOR WHICH YOU REQUEST	NAME OF INSTRUCTOR
6/13-4/1/22	MSC	36	Type II Superizer	<input type="checkbox"/>	Lutner
6/15/22	MSC	8	Type II AS4 lab	<input checked="" type="checkbox"/>	Bond
6/22/22	MSC	8	Type II DMT lab	<input checked="" type="checkbox"/>	Bond
				<input type="checkbox"/>	

List the manufacturer and name of instruments for which you are currently performing maintenance reports on and the number of maintenance reports performed on EACH type in the last year.

MANUFACTURER AND NAME OF INSTRUMENT	NUMBER OF MAINTENANCE REPORTS	NUMBER OF SUBJECT TESTS
1. ALCO-SENSOR IV W/ PRINTER	2 MR'S OK BLM	10 SELF-TESTS OK BLM
2. INTOX DMT	2 MR'S OK BLM	10 SELF-TESTS OK BLM
3.		

When adding a new instrument, you receive a new two (2) year permit. Therefore, normal renewal procedures apply for the instrument(s) on your current permit that you wish to transfer to the new permit. Disregarding these renewal procedures will result in a new permit for the new instrument only.

To renew a Type II Permit, the applicant shall have completed two (2) Maintenance Reports and shall have performed at least ten (10) tests on drinking subjects in the past year on each instrument for which renewal is requested. If these conditions are not met, or the permit has expired for more than thirty (30) days, the applicant shall perform two (2) Maintenance Reports and five (5) self-administered tests for each breath analyzer for which renewal is requested. Copies of the Maintenance Reports along with the Operational checklists and printouts for the five (5) self-administered tests shall accompany the application for renewal.

SIGNATURE OF APPLICANT: DATE: 6/22/22

RETURN COMPLETED APPLICATION TO THE: Breath Alcohol Program, Missouri Department of Health and Senior Services
Southeast District Office
2875 James Blvd.
Poplar Bluff, MO 63901

