



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 111749	NAME OF AGENCY Missouri State Highway Patrol	DATE OF INSPECTION 02/13/2023
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LOCATION OF INSTRUMENT (STREET AND CITY) Weigh Station A-3 West, Mayview, MO	TIME OF INSPECTION 7:03 pm
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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

<input checked="" type="checkbox"/> SIMULATOR SOLUTION	<input type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
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<input checked="" type="checkbox"/> STANDARD SUPPLIER REPCO MARKETING CO	LOT # _____	EXP. DATE 06/16/2023
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<input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.00	SIM. SN MP2327	SIM. NIST EXP DATE 12/02/2023
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- 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 ← .102	TEST 2 ← .102	TEST 3 ← .102
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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)	(.05-.09)	(.10-.14)	(.15-.19)	(OVER .19)
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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 <i>Cpl. N.A. Perez #1426</i>	PRINT NAME Nicholas Perez
TYPE II PERMIT NUMBER/EXPIRATION DATE 220137 05/11/2024	TELEPHONE NUMBER (816) 622-0800

Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office by mail, fax, or email.



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



PERMIT
TYPE II
NICHOLAS A PEREZ

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

NUMBER 220137

EXPIRES 5/11/2024

Laura P. Wag

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Dave F. 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 PEREZ, NICHOLAS
Permit No 220137
Date Issued 5/11/2022 **Date Expires** 5/11/2024



AS IV Serial no: 111749
Version no: 532B

TEST RECORD 00807

Temp Date Time 210L ^{s/}

Air Blank:

02/13/23 19:13 .000

Calibration Check:

20 02/13/23 19:13 .102

Subject Name

TEST #1

Subject I.D.

MA. PEREZ 220137

Operator Name, I.D.

Location

A-3 WEST

MAYVIEW, MO

AS IV Serial no: 111749
Version no: 532B

TEST RECORD 00808

Temp Date Time 210L ^{s/}

Air Blank:

02/13/23 19:15 .000

Calibration Check:

21 02/13/23 19:15 .102

Subject Name

TEST #2

Subject I.D.

MA. PEREZ 220137

Operator Name, I.D.

Location

A-3 WEST

MAYVIEW, MO

AS IV Serial no: 111749
Version no: 532B

TEST RECORD 00809

Temp Date Time 210L ^{s/}

Air Blank:

02/13/23 19:16 .000

Calibration Check:

22 02/13/23 19:16 .102

Subject Name

TEST #3

Subject I.D.

MA. PEREZ 220137

Operator Name, I.D.

Location

A-3 WEST

MAYVIEW, MO

AS IV Serial no: 111749
Version no: 532B

TEST RECORD 00810

Temp Date Time 210L ^{s/}

VOID: RFI

12 02/13/23 19:20

Subject Name

RFI TEST

Subject I.D.

MA. PEREZ 220137

Operator Name, I.D.

Location

A-3 WEST

MAYVIEW, MO