



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 111751	NAME OF AGENCY Boone County Sheriff's Office	DATE OF INSPECTION 04/07/2023
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LOCATION OF INSTRUMENT (STREET AND CITY) 2111 E County Drive, Columbia, MO 65202	TIME OF INSPECTION 9:22 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

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 .099

TEST 2 .098

TEST 3 .097

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 	PRINT NAME Brandon Baker
TYPE II PERMIT NUMBER/EXPIRATION DATE 220237/ 09/26/2024	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: 111751
Version no: 532B

TEST RECORD 00645

Temp Date Time 210L ^{g/}

Air Blank: 04/07/23 21:22 .000
Calibration Check: 21 04/07/23 21:22 .099

Subject Name

TEST 1

Subject I.D.

Operator Name, I.D.

BAKER 220237

Location

2111 E COURT RD

AS IV Serial no: 111751
Version no: 532B

TEST RECORD 00646

Temp Date Time 210L ^{g/}

Air Blank: 04/07/23 21:24 .000
Calibration Check: 22 04/07/23 21:24 .098

Subject Name

TEST 2

Subject I.D.

Operator Name, I.D.

BAKER 220237

Location

2111 E COURT RD

AS IV Serial no: 111751
Version no: 532B

TEST RECORD 00647

Temp Date Time 210L ^{g/}

Air Blank: 04/07/23 21:25 .000
Calibration Check: 23 04/07/23 21:25 .097

Subject Name

TEST 3

Subject I.D.

Operator Name, I.D.

BAKER 220237

Location

2111 E COURT RD

AS IV Serial no: 111751
Version no: 532B

TEST RECORD 00648

Temp Date Time 210L ^{g/}

VOID: RFI
12 04/07/23 21:27

Subject Name

RFI

Subject I.D.

Operator Name, I.D.

BAKER 220237

Location

2111 E COURT RD



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



PERMIT
TYPE II
BRANDON BAKER

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 9/26/2022

NUMBER 220237

EXPIRES 9/26/2024

Mike Mason

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 **BAKER, BRANDON**
 Permit No **220237**
 Date Issued **9/26/2022** Date Expires **9/26/2024**

