



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 111751	NAME OF AGENCY BOONE COUNTY SHERIFF'S OFFICE	DATE OF INSPECTION 08/09/2023
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LOCATION OF INSTRUMENT (STREET AND CITY) 2111 E. COUNTY DR, COLUMBIA	TIME OF INSPECTION 12:04 am
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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 type="checkbox"/> SIMULATOR SOLUTION	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>INTOXIMETERS</u> LOT # <u>AG231902</u> EXP. DATE <u>11/15/2024</u>	
<input type="checkbox"/> 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  0.97	TEST 3  0.96
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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)	2	(.10-.14)	2	(.15-.19)	1	(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).

INSTRUMENT OPERATING SATISFACTORILY AND WITHIN ESTABLISHED LIMITS.

**INSPECTING OFFICER**

SIGNATURE 	PRINT NAME Jesse Dennison
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TYPE II PERMIT NUMBER/EXPIRATION DATE 220166, 6/24/2024	TELEPHONE NUMBER (573) 875-1111
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**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 00691

Temp Date Time 210L %/

Air Blank: 08/09/23 00:08 .000

Calibration Check: 21 08/09/23 00:08 .098

Subject Name

Test 1

Subject I.D.

Operator Name, I.D.

Demison, 200166

Location

911 county Dr

AS IV Serial no: 111751  
Version no: 532B

TEST RECORD 00692

Temp Date Time 210L %/

Air Blank: 08/09/23 00:09 .000

Calibration Check: 22 08/09/23 00:09 .097

Subject Name

Test 2

Subject I.D.

Operator Name, I.D.

Demison, 200166

Location

911 county Dr

AS IV Serial no: 111751  
Version no: 532B

TEST RECORD 00693

Temp Date Time 210L %/

Air Blank: 08/09/23 00:11 .000

Calibration Check: 22 08/09/23 00:11 .096

Subject Name

Test 3

Subject I.D.

Operator Name, I.D.

Demison, 200166

Location

911 E county

Dr

Version no: 532B

TEST RECORD 00694

Temp Date Time 210L %/

VOID: RFI  
12 08/09/23 00:12

Subject Name

RFI

Subject I.D.

Operator Name, I.D.

Demison, 200166

Location

911 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 Massum*

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

