



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 STATE PUBLIC HEALTH LABORATORY
ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

RECEIVED
 By Tracy Crews at 10:17 am, Sep 04, 2023

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 09/03/2023
LOCATION OF INSTRUMENT (STREET AND CITY) 2111 E County Drive, Columbia, MO 65202		TIME OF INSPECTION 5:10 am

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 # AG210902 EXP. DATE 04/19/2024

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 • .096	TEST 2 • .095	TEST 3 • .095
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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 	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 00698

Temp Date Time 210L
s/

Air Blank:
09/03/23 05:10 .000
Calibration Check:
25 09/03/23 05:10 .096

Subject Name
TEST 1
Subject I.D.

Operator Name, I.D.
BAKER 220237
Location
2111 E COURTNEY DRIVE

AS IV Serial no: 111751
Version no: 532B

TEST RECORD 00699

Temp Date Time 210L
s/

Air Blank:
09/03/23 05:12 .000
Calibration Check:
25 09/03/23 05:12 .095

Subject Name
TEST 2
Subject I.D.

Operator Name, I.D.
BAKER 220237
Location
2111 E COURTNEY DRIVE

AS IV Serial no: 111751
Version no: 532B

TEST RECORD 00700

Temp Date Time 210L
s/

Air Blank:
09/03/23 05:13 .000
Calibration Check:
26 09/03/23 05:13 .095

Subject Name
TEST 3
Subject I.D.

Operator Name, I.D.
BAKER 220237
Location
2111 E COURTNEY DRIVE

AS IV Serial no: 111751
Version no: 532B

TEST RECORD 00701

Temp Date Time 210L
s/

VOID: RFI
12 09/03/23 05:15

Subject Name
RFI
Subject I.D.

Operator Name, I.D.
BAKER 220237
Location
2111 E COURTNEY DRIVE



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

Mike Masson
 DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 220237

Paula J. Rickelson
 DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

EXPIRES 9/26/2024

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

