



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 119732	NAME OF AGENCY North County Police Cooperative	DATE OF INSPECTION 07/30/2023
LOCATION OF INSTRUMENT (STREET AND CITY) Vehicle 623 (1414 Evergreen St, Louis MO 63133)		TIME OF INSPECTION 1:33 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 # AG315202 EXP. DATE 06/01/2025

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 = 0.100

TEST 2 = 0.100

TEST 3 = 0.100

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)	0	(.15-.19)	0	(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).

New instrument to the department checked and calibrated.

INSPECTING OFFICER

SIGNATURE

TYPE II PERMIT NUMBER/EXPIRATION DATE

220004/01/06/2024

PRINT NAME

Shannon E. Gregory DSN 405

TELEPHONE NUMBER

(314) 428-7373

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

NCPC

AS IV Serial no: 119732
Version no: 532C
TEST RECORD 00019
Temp Date Time 210L

Air Blank: 07/30/23 01:35 .000
Calibration Check: 24 07/30/23 01:35 .100
Subject Name
Calibration Check
Subject I.D.
N/A
Operator Name, I.D.
S. Gregory/220004
Location
NCPC Vehicle
623

AS IV Serial no: 119732
Version no: 532C
TEST RECORD 00020
Temp Date Time 210L

Air Blank: 07/30/23 01:41 .000
Calibration Check: 24 07/30/23 01:41 .100
Subject Name
Calibration Check
Subject I.D.
N/A
Operator Name, I.D.
S. Gregory/220004
Location
NCPC Vehicle
623

AS IV Serial no: 119732
Version no: 532C
TEST RECORD 00021
Temp Date Time 210L

Air Blank: 07/30/23 01:43 .000
Calibration Check: 25 07/30/23 01:43 .100
Subject Name
Calibration Check
Subject I.D.
N/A
Operator Name, I.D.
S. Gregory/220004
Location
NCPC Vehicle
623

AS IV Serial no: 119732
Version no: 532C
TEST RECORD 00022
Temp Date Time 210L

VOID: RFI
12 07/30/23 01:44
Subject Name
Calibration Check
Subject I.D.
N/A
Operator Name, I.D.
S. Gregory/220004
Location
NCPC Vehicle
623

AS IV Serial no: 119732
Version no: 532C
TEST RECORD 00023
Temp Date Time 210L

Air Blank: 07/30/23 01:46 .000
Calibration Check: 26 07/30/23 01:46 .000
Subject Name
Seber Checks
Subject I.D.
N/A
Operator Name, I.D.
S. Gregory/220004
Location
NCPC Vehicle
623



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



**PERMIT
TYPE II**

SHANNON E. GREGORY

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

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 806.111 through 806.119 RSMo.

DATE 1/6/2022

NUMBER 220004

EXPIRES 1/6/2024

Laura P. Day

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Donald H. Ramsey

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 688-8771 (6-16)

LAB-4 (R6-16)



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 GREGORY, SHANNON
Permit No 220004
Date issued 1/6/2022 Date Expires 1/6/2024

