



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

RECEIVED
 By Tracy Crews at 8:04 am, Jan 04, 2024

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 097401	NAME OF AGENCY Missouri State Highway Patrol	DATE OF INSPECTION 01/03/2024
LOCATION OF INSTRUMENT (STREET AND CITY) 1000 City Parkway, Osage Beach, Missouri 65065		TIME OF INSPECTION 6:45 pm

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.

<input checked="" type="checkbox"/> DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)
<input checked="" type="checkbox"/> TEMPERATURE OF ALCO SENSOR (10°C - 40°C)
<input checked="" type="checkbox"/> PRINTER WORKING PROPERLY
<input checked="" type="checkbox"/> TIME AND DATE DISPLAYING PROPERLY

BREATH ALCOHOL ACCURACY STANDARDS

<input checked="" type="checkbox"/> SIMULATOR SOLUTION	<input type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>Guth Laboratories</u>	LOT # <u>23180</u> EXP. DATE _____
<input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) <u>34</u>	SIM. SN <u>MP2315</u> SIM. NIST EXP DATE <u>11/20/2024</u>
<input checked="" type="checkbox"/> 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)	
<input checked="" type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE	
<input type="checkbox"/> 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE	
<input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE	

TEST 1 ➔ .101	TEST 2 ➔ .100	TEST 3 ➔ .099
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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) 1	(.10-.14) 2	(.15-.19) 1	(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>T. Rosa</i>	PRINT NAME Tyler Rosa
TYPE II PERMIT NUMBER/EXPIRATION DATE 230121 / 06/07/2025	TELEPHONE NUMBER (573) 751-1000

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: 097401
Version no: 532B

TEST RECORD 00706

Temp Date Time 210L ^{s/}

Air Blank:
01/03/24 18:53 .000
Calibration Check:
16 01/03/24 18:53 .101

Subject Name

Acc 1

Subject I.D.

Acc 1

Operator Name, I.D.

Rosa 230121

Location

F 11 office

AS IV Serial no: 097401
Version no: 532B

TEST RECORD 00707

Temp Date Time 210L ^{s/}

Air Blank:
01/03/24 19:12 .000
Calibration Check:
19 01/03/24 19:12 .100

Subject Name

Acc 2

Subject I.D.

Acc 2

Operator Name, I.D.

Rosa 230121

Location

F 11 office

Temp Date Time 210L

Air Blank:
01/03/24 19:17 .000
Calibration Check:
20 01/03/24 19:17 .099

Subject Name

Acc 3

Subject I.D.

Acc 3

Operator Name, I.D.

Rosa 230121

Location

F 11 office

AS IV Serial no: 097401
Version no: 532B

TEST RECORD 00709

Temp Date Time 210L ^{s/}

VOID: RFI
12 01/03/24 19:19

Subject Name

RFI

Subject I.D.

RFI

Operator Name, I.D.

Rosa 230121

Location

F 11 office



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



PERMIT
TYPE II
TYLER ROSA

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 6/7/2023

NUMBER 230121

EXPIRES 6/7/2025

Mike Massman

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Paula J. Nicholson

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 ROSA, TYLER
Permit No 230121
Date Issued 6/7/2023 **Date Expires** 6/7/2025

