



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 105449	NAME OF AGENCY MANCHESTER	DATE OF INSPECTION 01-10-2024
LOCATION OF INSTRUMENT (STREET AND CITY) 200 HIGHLANDS BLVD MANCHESTER MO 63011		TIME OF INSPECTION 1300

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 # AG311004 EXP. DATE 04/20/2025
- 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 • .096	TEST 2 • .096	TEST 3 • .097
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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 <i>[Signature]</i> 5366	PRINT NAME PO Toedebusch
TYPE II PERMIT NUMBER/EXPIRATION DATE 220140 / 5-11-2024	TELEPHONE NUMBER (636) 227-1410

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: 185449
Version no: 5320

TEST RECORD 88289

Temp Date Time 210L

Air Blank:
01/18/24 12:56 .000
Calibration Check:
22 01/18/24 12:58 .006

Subject Name:

Test 1

Subject I.D.

Operator Name: J.H.

Toedebusch / 220140

Location:

200 Highlands

AS IV Serial no: 185449
Version no: 5320

TEST RECORD 88291

Temp Date Time 210L

Air Blank:
01/18/24 12:03 .000
Calibration Check:
23 01/18/24 12:08 .007

Subject Name:

Test 1

Subject I.D.

Operator Name: J.H.

Toedebusch / 220140

Location:

200 Highlands

AS IV Serial no: 185449
Version no: 5320

TEST RECORD 88290

Temp Date Time 210L

Air Blank:
01/18/24 12:00 .000
Calibration Check:
28 01/18/24 12:01 .006

Subject Name:

Test 3

Subject I.D.

Operator Name: J.H.

Toedebusch / 220140

Location:

200 Highlands

AS IV Serial no: 185449
Version no: 5320

TEST RECORD 88292

Temp Date Time 210L

VOID: RFI
12 01/18/24 12:14

Subject Name:

RFI

Subject I.D.

Operator Name: J.H.

Toedebusch / 220140

Location:

200 Highlands



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

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PERMIT
TYPE II
RANDY TOEDEBUSCH

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 EC/IR II

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 5/11/2022

NUMBER 220140

EXPIRES 5/11/2024

MO 580-0771 (6-10)

Laura P. Day

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

David J. Nielsen

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R6-10)

 **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 TOEDEBUSCH, RANDY
Permit No 220140
Date Issued 5/11/2022 Date Expires 5/11/2024

