



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 111744	NAME OF AGENCY BOONE COUNTY SHERIFF'S OFFICE	DATE OF INSPECTION 04/05/2024
LOCATION OF INSTRUMENT (STREET AND CITY) 2111 E. COUNTY DR, COLUMBIA		TIME OF INSPECTION 5:33 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**

<input type="checkbox"/> SIMULATOR SOLUTION	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>INTOXIMETERS</u>	LOT # <u>AG309502</u> EXP. DATE <u>04/05/2025</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 ← .097	TEST 2 ← .097	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	(0-.04)	0	(.05-.09)	1	(.10-.14)	1	(.15-.19)	2	(OVER .19)	1
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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 CALIBRATED. INSTRUMENT OPERATING SATISFACTORILY AND WITHIN ESTABLISHED LIMITS. BATTERY REPLACED.**

**INSPECTING OFFICER**

SIGNATURE <i>Jonathan Wells</i>	PRINT NAME JOHNATHAN WELLS
TYPE II PERMIT NUMBER/EXPIRATION DATE 240088, 04/02/2026	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: 111744  
Version no: 532B

TEST RECORD 00834

Temp Date Time 210L 9/  
Air Blank: 04/05/24 05:47 .000  
Calibration Check: 24 04/05/24 05:47 .097

Subject Name

MONTHLY MAINTENANCE

Subject I.D.

TEST ONE

Operator Name, I.D.

J. Weas 240088

Location

Bill E. County OR

Columbia MO 65202

AS IV Serial no: 111744  
Version no: 532B

TEST RECORD 00835

Temp Date Time 210L 9/  
Air Blank: 04/05/24 05:56 .000  
Calibration Check: 24 04/05/24 05:56 .097

Subject Name

MONTHLY MAINTENANCE

Subject I.D.

TEST TWO

Operator Name, I.D.

J. Weas 240088

Location

Bill E. County OR

Columbia MO 65202

AS IV Serial no: 111744  
Version no: 532B

TEST RECORD 00836

Temp Date Time 210L 9/  
Air Blank: 04/05/24 06:00 .000  
Calibration Check: 24 04/05/24 06:00 .097

Subject Name

MONTHLY MAINTENANCE

Subject I.D.

TEST THREE

Operator Name, I.D.

J. Weas 240088

Location

Bill E. County OR

Columbia, MO 65202

AS IV Serial no: 111744  
Version no: 532B

TEST RECORD 00837

Temp Date Time 210L 9/  
VOID: RFI 12 04/05/24 06:02

Subject Name

MONTHLY MAINTENANCE

Subject I.D.

VOID RFI

Operator Name, I.D.

J. Weas 240088

Location

Bill E. County OR

Columbia MO 65202





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



**PERMIT**  
**TYPE II**  
**JOHNATHAN WELLS**

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 4/2/2024

NUMBER 240088

EXPIRES 4/2/2026

*Mike Masman*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Dave 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** WELLS, JOHNATHAN  
**Permit No** 240088  
**Date Issued** 4/2/2024 **Date Expires** 4/2/2026

