MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BLOOD ALCOHOL TEST REPORT - ALCO-SENSOR IV
WITH PRINTER
FORM #8

<table>
<thead>
<tr>
<th>OPERATIONAL CHECKLIST: ALCO-SENSOR IV WITH PRINTER</th>
<th>CERTIFICATION BY OPERATOR</th>
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</thead>
<tbody>
<tr>
<td>ALCO-SENSOR SERIAL NO.</td>
<td>BAC</td>
</tr>
<tr>
<td>LOCATION OF INSTRUMENT</td>
<td></td>
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<tr>
<td>TIME OBSERVATION PERIOD STARTED</td>
<td>TIME OF TEST</td>
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- 1. Examination of mouth conducted. If any substance is observed or indicated to be present, the substance observed or indicated must be removed prior to starting the 15 minute observation period.
- 2. Subject observed for at least 15 minutes by ____________________________.
  No smoking, oral intake or vomiting during this time; if vomiting occurs, start over with 15 minute observation period.
- 3. Make sure printer is connected to Alco-Sensor IV.
- 4. Turn printer on.
- 5. Insert mouthpiece into Alco-Sensor IV.
- 6. Observe temperature display, make sure temperature reading is between 10°C and 40°C.
- 7. When “TEST” is displayed on Alco-Sensor IV, take subject breath sample.
- 8. When “SET” is displayed on Alco-Sensor IV, press SET button.
- 9. When printer has completed printing test result, tear off tape and fill in subject and officer information.
- 10. Press red button to eject mouthpiece.
- 11. Attach printout to this report.

As set forth in the rules promulgated by the Department of Health and Senior Services related to the determination of blood alcohol by breath analysis, I certify that:
- 1. There was no deviation from the procedure approved by the department.
- 2. To the best of my knowledge the instrument was functioning properly.
- 3. I am authorized to operate the instrument.

NAME OF OPERATOR | PERMIT NO. | EXPIRATION DATE
NAME OF OBSERVER | OBSERVER PERMIT NO. | EXPIRATION DATE
WITNESS (IF ANY) | DATE

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