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

OPERATIONAL CHECKLIST: ALCO-SENSOR IV WITH PRINTER

ALCO-SENSOR SERIAL NO. PRINTER SERIAL NO. LOCATION OF INSTRUMENT

☐ 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 “BLNK” is displayed on Alco-Sensor IV, air blank is taken.

☐ 8. When “TEST” is displayed on Alco-Sensor IV, take subject breath sample.

☐ 9. When “SET” is displayed on Alco-Sensor IV, press SET button.

☐ 10. When printer has completed printing test result, tear off tape and fill in subject
    and officer information.

☐ 11. Press red button to eject mouthpiece.

☐ 12. Turn printer off.

☐ 13. Attach printout to this report.

CERTIFICATION BY OPERATOR

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.

☐ 4. No radio transmission occurred inside the room where and when this was being
   conducted.

NAME OF OPERATOR PERMIT NO. EXPIRATION DATE

WITNESS (IF ANY) DATE

FORM #8

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