





## 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 Send copy to Department of Health and Seni				wheneve	er instrument is	s repaired.
ALCO SENSOR IV SN 042311			DATE OF INSPECTION 08/03/2020			
LOCATION OF INSTRUMENT (STREET AND CITY) SCCPD / 101 Sheriff Dierker Court, O'Fa		TIME OF INSPECTION 12:45 pm				
CHECKLIST: Place a mark in the box by eac ues where determined.) Unmarked items must	h item if found to be sat	isfactory or if operat	ing within establis	shed limits	s. (Write in obs	served val-
DIGITAL READOUT (ALL ELEMENTS O						
TEMPERATURE OF ALCO SENSOR (10	0°C - 40°C)		y (100 ) (100 )	y		
PRINTER WORKING PROPERLY		*				
☑ TIME AND DATE DISPLAYING PROPER	RLY	2				
BREATH ALCOHOL ACCURACY STANDAR	RDS					
☐ SIMULATOR SOLUTION	☑ COMPRESSED ETHANOL-GAS MIXTURE					
STANDARD SUPPLIER Intoximeters	STANDARD SUPPLIER Intoximeters LOT # AG824102 EXP. DATE 08/29/2020					
SIMULATOR TEMPERATURE (34°C ± 0	ULATOR SN	SIMULATOR EXP DATE				
Run three tests using a standard solution less. Check the box corresponding to the 0.100% STANDARD - MUST READ 0.080% STANDARD - MUST READ 0.040% STANDARD - MUST READ	standard solution being BETWEEN 0.095% an BETWEEN 0.076% an	g used. (PRINTOUT d 0.105% INCLUSIV d 0.084% INCLUSIV	ATTACHED) 'E 'E			
TEST 1 <b>▼</b> .076	ST 1 ▼ .076 TEST 2 ▼ .076			TEST 3  ■ .076		
RFI DETECTOR OPERATING	and the second	and the second of the second o				
INDICATE THE NUMBER OF BREATH TES (DO NOT INCLUDE SELF-ADMINISTERED		IG RANGES SINCE	THE LAST MAIN	NTENANO	CE REPORT:	
REFUSALS 0 (004) 0	(.0509) 0	(.1014) 0	(.1519)	0	(OVER .19)	0
List any new parts and describe any alteration established limits (use other side if necessary		was made to restore	e the instrument to	o operate	e satisfactorily	and within
INSPECTING OFFICER SIGNATURE	landsteerdam gabaga tu a gabara s	10 (5) (1) A (1) (1) (1)				
, P. 1-1- 663	1 W. 1 (1964) 186		Mike Johnsor			The first region of
TYPE II PERMIT NUMBER/EXPIRATION DATE 200198 / July 8, 2022			(636) 949-300	00		
2875 Jar	lcohol Program, MO De nes Boulevard Iuff MO 63901	partment of Health a	and Senior Servic	es, South	east District O	ffice

# Aluas

### Cartilla

Customer Stand Existence Supplier Interpreter Life Life Coug Need Standard Life (SI) 20-Aug-2018

#### LOUR AG824102 MOBILE

EGL Date Cyl. Type Somponent Construction Cyl. Type Somponent Cyl.

## \*Control of Traceable to No. S.T. RGM Edianol Standards:

Section Concentration

Enterior Concentration

Enterio

Ambrical Mathods (NDR)

Approved for Release.

And Maryles Bol Marsala

15 0 17025 2005 A21 A occupation Conflicate Name 101206



#### STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



## PERMIT TYPE II

#### MIKE JOHNSON

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**

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.

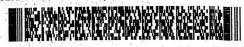
DATE	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 200198	
EXPIRES 7/8/2022	El Ville

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 at in Missouri.

Operator JOHNSON, MIKE Permit No 200198

Date Issued 7/8/2020 Date Expires 7/8/2022



AS IV Serial no: 042311 Version no: 5320 TEST RECORD 00099 Time 210L Temp Date Air Blank: 08/03/20 12:45 .000 Calibration Check: 23 08/03/20 12:45 .076 Subject Name IEST Subject I.D. Operator Name, I.D. Pate 663 200198 Location

SCOPID

AS IV Serial no: 042311 Version no: 532C TEST RECORD 00100 9/ Temp Date Time 210L

Air Blank: 08/03/20 12:46 .000 Calibration Check: 23 08/03/20 12:46 .076

Subject Name

TEST Bubject I.I.

Operator Name, I.D.

ROW 603

200198

Location

SCCPB

AS IV Serial no: 042311 Version no: 5320

TEST RECORD 00101

Temp Date Time 210L

Air Blank: 08/03/20 12:49 .000 Calibration Check: 24 08/03/20 12:49 .076

Subject Name

TEST

Subject I.D.

#3

Operator Name, I.D.

P.C. 663 200198

Location

SCEPD

AS IV Serial no: 042311 Version no: 532C TEST RECORD 00103

9/ Temp Date Time 210L

VOID: RFI 12 08/03/20 13:17

Subject Name

TEST VOID

Subject I.D.

RFI

Operator Name: I.D.

P.O. \$ 663 200198

Location

SCCPO

AS IV Serial no: 042311 Version no: 532C

TEST RECORD 00102

Temp Date Time 210L

Air Blank:

08/03/20 13:03 .000

Subject Test: Auto

**2**3 08/03/20 13:03 **.000** 

Subject Name

SELF TEST

Subject I.D.

#1

Operator Name, I.D.

P.0 663

200198

Location

SCOPD