



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 104642	NAME OF AGENCY O'Fallon PD	DATE OF INSPECTION 10-1-2020
LOCATION OF INSTRUMENT (STREET AND CITY) 1019 Bryan Road, O'Fallon, MO		TIME OF INSPECTION 10:50

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 # AG919902 EXP. DATE 07-18-2021

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 ← .078	TEST 2 ← .078	TEST 3 ← .078
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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) 0	(.10-.14) 0	(.15-.19) 0	(OVER .19) 0
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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 	PRINT NAME Chris Sinnokrak
TYPE II PERMIT NUMBER/EXPIRATION DATE 290008 / 1-11-2021	TELEPHONE NUMBER (636)240-3200

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: 104642
Version no: 532B

TEST RECORD 00767

Temp Date Time ^{s/} 210L

Air Blank:
10/01/20 10:51 .000
Calibration Check:
23 10/01/20 10:51 .078

Subject Name
TEST 1
Subject I.D.

Operator Name, I.D.
SUNNORAK 334
Location

AS IV Serial no: 104642
Version no: 532B

TEST RECORD 00768

Temp Date Time ^{s/} 210L

Air Blank:
10/01/20 10:53 .000
Calibration Check:
24 10/01/20 10:53 .078

Subject Name
TEST 2
Subject I.D.

Operator Name, I.D.
SUNNORAK 334
Location

AS IV Serial no: 104642
Version no: 532B

TEST RECORD 00769

Temp Date Time ^{s/} 210L

Air Blank:
10/01/20 10:55 .000
Calibration Check:
24 10/01/20 10:55 .078

Subject Name
TEST 3
Subject I.D.

Operator Name, I.D.
SUNNORAK 334
Location

AS IV Serial no: 104642
Version no: 532B

TEST RECORD 00770

Temp Date Time ^{s/} 210L

VOID: RFI
12 10/01/20 10:57

Subject Name
RFI
Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 104642
Version no: 532B

TEST RECORD 00771

Temp Date Time ^{s/} 210L

Air Blank:
10/01/20 10:58 .000
Subject Test: Auto
25 10/01/20 10:58 .000

Subject Name
SUBER TEST
Subject I.D.

Operator Name, I.D.

Location



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

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**PERMIT
 TYPE II**

CHRIS SINNOKRAK

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 1/11/2019

NUMBER 290008

EXPIRES 1/11/2021

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

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 SINNOKRAK, CHRIS
Permit No 290008
Date Issued 1/11/2019 **Date Expires** 1/11/2021

