



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 111629	NAME OF AGENCY University of Missouri Police Department	DATE OF INSPECTION 11/02/2020
LOCATION OF INSTRUMENT (STREET AND CITY) 901 Virginia Avenue Columbia		TIME OF INSPECTION 12:51 pm

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.

<input checked="" type="checkbox"/> DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)
<input checked="" type="checkbox"/> TEMPERATURE OF ALCO SENSOR (10°C - 40°C)
<input checked="" type="checkbox"/> PRINTER WORKING PROPERLY
<input checked="" type="checkbox"/> 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>AG021102</u> EXP. DATE <u>07/29/2022</u>	
<input type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) _____ SIM. SN _____ SIM. NIST EXP DATE _____	
<input checked="" type="checkbox"/> 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)	
<input type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE	
<input checked="" type="checkbox"/> 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE	
<input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE	

TEST 1 .083	TEST 2 .081	TEST 3 .081
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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	1	(0-.04)	1	(.05-.09)	1	(.10-.14)	3	(.15-.19)	3	(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).

INSPECTING OFFICER

SIGNATURE 	PRINT NAME
TYPE II PERMIT NUMBER/EXPIRATION DATE 200215 07/23/2020	TELEPHONE NUMBER (573) 882-7201

Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office by mail, fax, or email.

Version no: 332B
TEST RECORD 88845
Time Date Time 219L
Air Blank:
11/22/28 12:51 .000
Calibration Check:
18 11/22/28 12:51 .883

Subject Name
Cal check 1 of 3
Subject I.D.
E. Moss MUPD #37
Operator Name, I.D.
200215 7/23/22
Location
MUPD

AS IV Serial no: 111629
Version no: 332B
TEST RECORD 88846
Time Date Time 219L
Air Blank:
11/22/28 12:52 .000
Calibration Check:
19 11/22/28 12:52 .881

Subject Name
Cal check 2 of 3
Subject I.D.
E. Moss MUPD #37
Operator Name, I.D.
200215 7/23/22
Location
MUPD

AS IV Serial no: 111629
Version no: 332B
TEST RECORD 88847
Time Date Time 219L
Air Blank:
11/22/28 12:53 .000
Calibration Check:
20 11/22/28 12:53 .881

Subject Name
Cal check 3 of 3 on
Subject I.D.
E. Moss MUPD #37
Operator Name, I.D.
200215 7/23/22
Location
MUPD

AS IV Serial no: 111629
Version no: 332B
TEST RECORD 88848
Time Date Time 219L
Air Blank:
11/23/28 12:54 .000
Calibrated Test: Auto
11/23/28 12:54 .300

Subject Name
Blank check on
Subject I.D.
E. Moss MUPD 37
Operator Name, I.D.
200215 7/23/22
Location
MUPD

AS IV Serial no: 111629
Version no: 332B
TEST RECORD 88849
Time Date Time 219L
RFI
11/23/28 12:55

Subject Name
RFI test OK
Subject I.D.
200215 7/23/22
Operator Name, I.D.
E. Moss MUPD 37
Location
MUPD



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

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PERMIT
TYPE II
ERIC L MOSS

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 7/23/2020

NUMBER 200215

EXPIRES 7/23/2022

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 MOSS, ERIC
Permit No 200215
Date Issued 7/23/2020 **Date Expires** 7/23/2022



