



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 111732	PRINTER SN 09B.3589.454	DATE OF INSPECTION 07/13/2020
LOCATION OF INSTRUMENT (STREET AND CITY) Ozark PD. 201 E. Brick Street, Ozark, MO 65721		TIME OF INSPECTION 8:38 am

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 Guth LOT # 19370 EXP. DATE 12/09/2021

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0 SIMULATOR SN DR6932 SIMULATOR EXP DATE 12/04/2020

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 .101	TEST 2 .101	TEST 3 .101
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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).

None

INSPECTING OFFICER	
SIGNATURE	PRINT NAME Stephen Conner
TYPE II PERMIT NUMBER/EXPIRATION DATE 200194/ 07/08/2022	TELEPHONE NUMBER (417) 581-6600

Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office
2875 James Boulevard
Poplar Bluff, MO 63901

AS IV Serial no: 111732
Version no: 532B

TEST RECORD 00361

Temp Date Time ^{s/} 210L

Air Blank:
07/13/20 08:38 .000
Calibration Check:
21 07/13/20 08:38 .101

Subject Name

Maintenance
Subject I.D.

1

Operator Name, I.D.

S. Conner / 200194
Location

Ozark MO

201 E. Birch, Ozark MO

AS IV Serial no: 111732
Version no: 532B

TEST RECORD 00362

Temp Date Time ^{s/} 210L

Air Blank:
07/13/20 08:40 .000
Calibration Check:
22 07/13/20 08:40 .101

Subject Name

Maintenance
Subject I.D.

2

Operator Name, I.D.

S. Conner / 200194
Location

Ozark MO

201 E. Birch, Ozark MO

AS IV Serial no: 111732
Version no: 532B

TEST RECORD 00363

Temp Date Time ^{s/} 210L

Air Blank:
07/13/20 08:43 .000
Calibration Check:
23 07/13/20 08:43 .101

Subject Name

Maintenance
Subject I.D.

3

Operator Name, I.D.

S. Conner / 200194
Location

Ozark MO

201 E. Birch, Ozark MO

AS IV Serial no: 111732
Version no: 532B

TEST RECORD 00364

Temp Date Time ^{s/} 210L

VOID: RFI
12 07/13/20 08:44

Subject Name

RFI

Subject I.D.

Test

Operator Name, I.D.

S. Conner / 200194
Location

Ozark MO

201 E. Birch, Ozark MO



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

2

**PERMIT
TYPE II**

STEPHEN L. CONNER

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 7/8/2020

NUMBER 200194

EXPIRES 7/8/2022

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 CONNER, STEPHEN
Permit No 200194
Date Issued 7/8/2020 Date Expires 7/8/2022





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

APPLICATION FOR TYPE II PERMIT FOR OPERATION OF BREATH ALCOHOL ANALYZERS

RECEIVED
By Tracy Crews at 8:10 am, Jul 02, 2020

APPROVED
By Stephen Wilson at 8:56 am, Jul 08, 2020

THIS APPLICATION IS FOR
 NEW PERMIT RENEWAL
 CURRENT PERMIT NUMBER AND EXPIRATION DATE: 280267 / 09.06-2020
 PRINT FULL NAME: Stephen Louis Conner TITLE: Detective AGE: 31
 DEPARTMENT OR GROUP: Ozark Police Department
 BUSINESS ADDRESS (STREET, CITY, STATE, ZIP CODE): 201 E. Birch Street, Ozark, MO 65721 TELEPHONE: (417) 581-6600
 EMAIL ADDRESS: S. Conner @ ozarkpd.org

A disclosure concerning your SSN number is available at:
<http://www.health.mo.gov/lab/breathalcohol/>

LIST ALL ORIGINAL TRAINING COURSES FOR OPERATION OF BREATH ANALYZERS
(Also, please place a checkmark beside ALL breath analyzer(s) for which you are requesting a permit.)

DATES OF COURSE	LOCATION OF COURSE	COURSE LENGTH (HRS.)	NAME & MODEL OF BREATH ANALYZER	PLACE A CHECKMARK IN THESE INSTRUMENTS FOR WHICH YOU REQUEST	NAME OF INSTRUCTOR
6/30/20	MSC	8	AS-EV w/Printer Lab	<input checked="" type="checkbox"/>	Bond
09/2016	MSC	40	Inter DMT Supervisor	<input type="checkbox"/>	Welsh
09/2016	MSC	14	Inter DMT	<input type="checkbox"/>	Welsh

List the manufacturer and name of instruments for which you are currently performing maintenance reports on and the number of maintenance reports performed on EACH type in the last year.

MANUFACTURER AND NAME OF INSTRUMENT	NUMBER OF MAINTENANCE REPORTS	NUMBER OF SUBJECT TESTS
1. <u>AS-EV w/Printer</u>	<u>10</u> <input type="checkbox"/> OK SGW	<u>5</u> SELF-TESTS OK SGW
2.		
3.		

When adding a new instrument, you receive a new two (2) year permit. Therefore, normal renewal procedures apply for the instrument(s) on your current permit that you wish to transfer to the new permit. Disregarding these renewal procedures will result in a new permit for the new instrument only.

To renew a Type II Permit, the applicant shall have completed two (2) Maintenance Reports and shall have performed at least ten (10) tests on drinking subjects in the past year on each instrument for which renewal is requested. If these conditions are not met, or the permit has expired for more than thirty (30) days, the applicant shall perform two (2) Maintenance Reports and five (5) self-administered tests for each breath analyzer for which renewal is requested. Copies of the Maintenance Reports along with the Operational checklists and printouts for the five (5) self-administered tests shall accompany the application for renewal.

SIGNATURE OF APPLICANT: [Signature] DATE: 6/30/2020

RETURN COMPLETED APPLICATION TO THE: Breath Alcohol Program, Missouri Department of Health and Senior Services
Southeast District Office
2875 James Blvd.
Poplar Bluff, MO 63901



Justin Arnold, Chief of Police
Ozark Police Department
201 E. Brick Street
Ozark, Missouri 65721
Telephone (417) 581-6600
FAX (417) 581-8804



FACSIMILE COVER SHEET

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DATE: 07/13/2020

TO: DHSS Breath Alcohol

FROM: Det. S Conner

REFERENCE: Maintenance Test

TOTAL PAGE(S) INCLUDING THIS SHEET: 5

MESSAGE:

IF THIS TRANSMISSION IS NOT RECEIVED IN FULL PLEASE CONTACT ME AT 1-(417)-581-6600. THANK YOU.