



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 STATE PUBLIC HEALTH LABORATORY
ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

RECEIVED
 BY: 7/26/21
 DIVISION: 17.50 min. Oct 26

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 030809	NAME OF AGENCY OVERLAND POLICE DEPARTMENT	DATE OF INSPECTION 10/25/2021
LOCATION OF INSTRUMENT (STREET AND CITY) 2410 GOODALE OVERLAND, MO 63114		TIME OF INSPECTION 6:25 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 INC.</u> LOT # <u>AG007603</u> EXP. DATE <u>11/16/2021</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 checked="" type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE	
<input 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 .097	TEST 2 .097	TEST 3 .097
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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-.04)	(.05-.09)	(.10-.14)	(.15-.19)	(OVER .19)
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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 Robby Ryan
TYPE II PERMIT NUMBER/EXPIRATION DATE 270250-11/05/2021	TELEPHONE NUMBER (314) 428-1221

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

①

AS IU Serial no: 030809
Version no: 532B

TEST RECORD 01375

Temp Date Time 210L
s/

Air Blank:
10/25/21 18:25 .000
Calibration Check:
24 10/25/21 18:25 .097

Subject Name
MANT
Subject I.D.

Operator Name, I.D.

Location

TEST 1

②

AS IU Serial no: 030809
Version no: 532B

TEST RECORD 01376

Temp Date Time 210L
s/

Air Blank:
10/25/21 18:27 .000
Calibration Check:
25 10/25/21 18:27 .097

Subject Name
MANT
Subject I.D.

Operator Name, I.D.

Location

TEST 2

③

AS IU Serial no: 030809
Version no: 532B

TEST RECORD 01377

Temp Date Time 210L
s/

Air Blank:
10/25/21 18:28 .000
Calibration Check:
25 10/25/21 18:28 .097

Subject Name
MANT
Subject I.D.

Operator Name, I.D.

Location

TEST 3

④

AS IU Serial no: 030809
Version no: 532B

TEST RECORD 01378

Temp Date Time 210L
s/

VOID: RFI
12 10/25/21 18:30

Subject Name
MANT
Subject I.D.

Operator Name, I.D.

Location

RFI TEST



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

2

PERMIT
TYPE II
ROBBY RYAN

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 11/5/2019

NUMBER 290266

EXPIRES 11/5/2021

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES



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 RYAN, ROBBY
Permit No 290266
Date Issued 11/5/2019 **Date Expires** 11/5/2021

