



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 5-18-2021
LOCATION OF INSTRUMENT (STREET AND CITY) 1019 Bryan Road, O'Fallon, MO		TIME OF INSPECTION 1738

**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>AG919902</u> EXP. DATE <u>07-18-2021</u>
<input type="checkbox"/> 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)

<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 ← <b>.080</b>	TEST 2 ← <b>.079</b>	TEST 3 ← <b>.078</b>
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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 <b>0</b>	(0-.04) <b>0</b>	(.05-.09) <b>0</b>	(.10-.14) <b>1</b>	(.15-.19) <b>0</b>	(OVER .19) <b>0</b>
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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).

N/A

**INSPECTING OFFICER**

SIGNATURE 	PRINT NAME <b>Chris Sinnokrak</b>
TYPE II PERMIT NUMBER/EXPIRATION DATE <b>200307 / 12-21-2022</b>	TELEPHONE NUMBER <b>(636 )240-3200</b>

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 00838

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
05/18/21 17:43 .000  
Calibration Check:  
21 05/18/21 17:43 .080

Subject Name  
TEST 1  
Subject I.D.

Operator Name, I.D.  
SINNOGRAK 334  
Location

AS IV Serial no: 104642  
Version no: 532B

TEST RECORD 00839

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
05/18/21 17:45 .000  
Calibration Check:  
22 05/18/21 17:45 .079

Subject Name  
TEST 2  
Subject I.D.

Operator Name, I.D.  
SINNOGRAK 334  
Location

AS IV Serial no: 104642  
Version no: 532B

TEST RECORD 00840

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
05/18/21 17:47 .000  
Calibration Check:  
23 05/18/21 17:47 .078

Subject Name  
TEST 3  
Subject I.D.

Operator Name, I.D.  
SINNOGRAK 334  
Location

AS IV Serial no: 104642  
Version no: 532B

TEST RECORD 00841

Temp Date Time <sup>s/</sup> 210L

VOID: RFI  
12 05/18/21 17:49

Subject Name  
RFI  
Subject I.D.

Operator Name, I.D.  
  
Location

AS IV Serial no: 104642  
Version no: 532B

TEST RECORD 00842

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
05/18/21 17:50 .000  
Subject Test: Auto  
24 05/18/21 17:50 .000

Subject Name  
SOBER TEST  
Subject I.D.

Operator Name, I.D.  
  
Location





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



**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 12/21/2020

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 200307

EXPIRES 12/21/2022

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** 200307  
**Date Issued** 12/21/2020    **Date Expires** 12/21/2022