



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 6-18-2021
LOCATION OF INSTRUMENT (STREET AND CITY) 1019 Bryan Road, O'Fallon, MO		TIME OF INSPECTION 0117

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

<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)
 - 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 ← .079	TEST 2 ← .078	TEST 3 ← .077
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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) 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).

Time adjusted (-3 minutes).

INSPECTING OFFICER

SIGNATURE 	PRINT NAME Chris Sinnokrak
TYPE II PERMIT NUMBER/EXPIRATION DATE 200307 / 12-21-2022	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 IU Serial no: 104642
Version no: 532B

TEST RECORD 00850

Temp	Date	Time	s/	210L
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Air Blank:
06/18/21 01:19 .000
Calibration Check:
22 06/18/21 01:19 .079

Subject Name

TEST 1

Subject I.D.

Operator Name, I.D.

SINNOGRAK 334

Location

AS IU Serial no: 104642
Version no: 532B

TEST RECORD 00851

Temp	Date	Time	s/	210L
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Air Blank:
06/18/21 01:21 .000
Calibration Check:
23 06/18/21 01:21 .078

Subject Name

TEST 2

Subject I.D.

Operator Name, I.D.

SINNOGRAK 334

Location

AS IU Serial no: 104642
Version no: 532B

TEST RECORD 00852

Temp	Date	Time	s/	210L
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Air Blank:
06/18/21 01:23 .000
Calibration Check:
25 06/18/21 01:23 .077

Subject Name

TEST 3

Subject I.D.

Operator Name, I.D.

SINNOGRAK 334

Location

AS IU Serial no: 104642
Version no: 532B

TEST RECORD 00853

Temp	Date	Time	s/	210L
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VOID: RFI
12 06/18/21 01:25

Subject Name

RFI

Subject I.D.

Operator Name, I.D.

Location

AS IU Serial no: 104642
Version no: 532B

TEST RECORD 00854

Temp	Date	Time	s/	210L
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Air Blank:
06/18/21 01:26 .000
Subject Test: Auto
26 06/18/21 01:26 .000

Subject Name

SUBJECT 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