



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 105447	PRINTER SN 099.3586.790	DATE OF INSPECTION 05/19/2021
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LOCATION OF INSTRUMENT (STREET AND CITY) MSHP Cuba Zone Office	TIME OF INSPECTION 12:48 pm
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**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 RepCo Marketing Co. LOT # 19002 EXP. DATE 10/16/2021

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0 SIMULATOR SN MP2513 SIMULATOR EXP DATE 12/31/2021

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 ← .095

TEST 2 ← .095

TEST 3 ← .095

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).

**INSPECTING OFFICER**

SIGNATURE 	PRINT NAME Cpl. B. Silverthorn
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TYPE II PERMIT NUMBER/EXPIRATION DATE 200185 06/04/2022	TELEPHONE NUMBER (573) 368-2345
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**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



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



**PERMIT**  
**TYPE II**  
**BRYAN SILVERTHORN**

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 6/4/2020

NUMBER 200185

EXPIRES 6/4/2022

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** SILVERTHORN, BRYAN  
**Permit No** 200185  
**Date Issued** 6/4/2020 **Date Expires** 6/4/2022

AS IV Serial no: 105447  
Version no: 502B

TEST RECORD 01003

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

Air Blank:  
05/19/21 12:57 .000  
Calibration Check:  
24 05/19/21 12:57 .095

Subject Name

Subject I.D.

Operator Name, I.D.

B. SILVENTHORN #955

Location

MSHP CUBA ZONE OFFICE

AS IV Serial no: 105447  
Version no: 502B

TEST RECORD 01004

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

Air Blank:  
05/19/21 12:59 .000  
Calibration Check:  
25 05/19/21 12:59 .095

Subject Name

Subject I.D.

Operator Name, I.D.

B. SILVENTHORN #955

Location

MSHP CUBA ZONE OFFICE

AS IV Serial no: 105447  
Version no: 502B

TEST RECORD 01005

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

Air Blank:  
05/19/21 13:01 .000  
Calibration Check:  
25 05/19/21 13:01 .095

Subject Name

Subject I.D.

Operator Name, I.D.

B. SILVENTHORN #955

Location

MSHP CUBA ZONE OFFICE

AS IV Serial no: 105447  
Version no: 502B

TEST RECORD 01006

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

UOJD: RFI  
12 05/19/21 13:02

Subject Name

Subject I.D.

Operator Name, I.D.

B. SILVENTHORN #955

Location

MSHP CUBA ZONE OFFICE