



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



PERMIT  
TYPE II

DANNY E WEST

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 290267

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 WEST, DANNY  
Permit No 290267  
Date issued 11/5/2019 Date Expires 11/5/2021



AS IV Serial no: 105449  
Version no: 532B

TEST RECORD 00060

Temp Date Time <sup>9/</sup> 210L

Air Blank:  
03/05/21 00:48 .000  
Calibration Check:  
20 03/05/21 00:48 .103

Subject Name

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 105449  
Version no: 532B

TEST RECORD 00061

Temp Date Time <sup>9/</sup> 210L

Air Blank:  
03/05/21 00:50 .000  
Calibration Check:  
21 03/05/21 00:50 .103

Subject Name

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 105449  
Version no: 532B

TEST RECORD 00062

Temp Date Time <sup>9/</sup> 210L

Air Blank:  
03/05/21 00:51 .000  
Calibration Check:  
21 03/05/21 00:51 .104

Subject Name

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 105449  
Version no: 532B

TEST RECORD 00063

Temp Date Time <sup>9/</sup> 210L

VOID: RFI  
12 03/05/21 00:52

Subject Name

Subject I.D.

Operator Name, I.D.

Location



**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 <b>105449</b>	NAME OF AGENCY <b>MANCHESTER</b>	DATE OF INSPECTION <b>03-05-2021</b>
LOCATION OF INSTRUMENT (STREET AND CITY) <b>200 HIGHLANDS BLVD DR MANCHESTER MO 63011</b>		TIME OF INSPECTION <b>0030</b>

**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) <b>20°C</b>
<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 <b>INTOXIMETERS</b> LOT # <b>AG022402</b> EXP. DATE <b>08/11/2022</b>	
<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 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 • <b>.103</b>	TEST 2 • <b>.103</b>	TEST 3 • <b>.104</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>0</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).

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<b>INSPECTING OFFICER</b>	
SIGNATURE 	PRINT NAME <b>SGT DAN WEST</b>
TYPE II PERMIT NUMBER/EXPIRATION DATE <b>290267 11/05/2021</b>	TELEPHONE NUMBER <b>( 636 ) 227-1410</b>

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