



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<br>105449  | NAME OF AGENCY<br>MANCHESTER | DATE OF INSPECTION<br>5-7-2021 |
| LOCATION OF INSTRUMENT (STREET AND CITY)<br>200 HIGHLANDS BLVD MANCHESTER MO 63011 |                              | TIME OF INSPECTION<br>01:54    |

**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) 19c
- PRINTER WORKING PROPERLY
- TIME AND DATE DISPLAYING PROPERLY

**BREATH ALCOHOL ACCURACY STANDARDS**

SIMULATOR SOLUTION                       COMPRESSED ETHANOL-GAS MIXTURE

STANDARD SUPPLIER INTOXIMETERS                      LOT # AG022402                      EXP. DATE 08/11/2022

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 = .104                      TEST 2 = .103                      TEST 3 = .104

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    1    (0-.04)                      (0.05-.09)    1                      (.10-.14)                      (.15-.19)                      (OVER .19)    2

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<br><u>Lowell Moore 5369</u>                      | PRINT NAME<br>LOWELL MOORE         |
| TYPE II PERMIT NUMBER/EXPIRATION DATE<br>210072 04/03/2023 | TELEPHONE NUMBER<br>(636) 227-1410 |

**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: 105449  
Version no: 532B

TEST RECORD 00075

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

Air Blank:  
05/07/21 01:54 .000  
Calibration Check:  
19 05/07/21 01:54 .104

Subject Name

Subject I.D.

L. Moore 21007d  
Operator Name, I.D.

Location

AS IV Serial no: 105449  
Version no: 532B

TEST RECORD 00076

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

Air Blank:  
05/07/21 01:56 .000  
Calibration Check:  
20 05/07/21 01:56 .103

Subject Name

Subject I.D.

L. Moore 21007d  
Operator Name, I.D.

Location

AS IV Serial no: 105449  
Version no: 532B

TEST RECORD 00077

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

Air Blank:  
05/07/21 01:57 .000  
Calibration Check:  
21 05/07/21 01:57 .104

Subject Name

Subject I.D.

L. Moore 21007d  
Operator Name, I.D.

Location

AS IV Serial no: 105449  
Version no: 532B

TEST RECORD 00078

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

VOID: RFI  
12 05/07/21 02:00

Subject Name

Subject I.D.

RFI  
L. Moore 21007d  
Operator Name, I.D.

Location



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

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**PERMIT**  
**TYPE II**  
**LOWELL MOORE**

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 4/6/2021

NUMBER 210072

EXPIRES 4/6/2023

MO 580-0771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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** MOORE, LOWELL  
**Permit No** 210072  
**Date Issued** 4/6/2021 **Date Expires** 4/6/2023

