



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 107982	NAME OF AGENCY MSHP	DATE OF INSPECTION 08/01/2021
LOCATION OF INSTRUMENT (STREET AND CITY) 201 S. Franklin Street, Kirksville, MO 63501		TIME OF INSPECTION 11:40 am

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 Inc. LOT # 20001 EXP. DATE 10/07/2022
- SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0 SIM. SN MP2519 SIM. NIST EXP DATE 05/05/2022

- 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 ← 0.099	TEST 2 ← 0.100	TEST 3 ← 0.100
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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)	1	(.10-.14)	0	(.15-.19)	1	(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 G. L. Gaines, #801
TYPE II PERMIT NUMBER/EXPIRATION DATE 200091 / 2/18/2022	TELEPHONE NUMBER (660) 385-2132

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: 107982
Version no: 532B

TEST RECORD 00688

Temp Date Time 210L ^{9/}

Air Blank:

08/01/21 11:42 .000

Calibration Check:

23 08/01/21 11:42 .099

Subject Name

TEST #1

Subject I.D.

Operator Name, I.D.

CEL A.L. GARNES #700091

Location

201 S. FANWICK ST.

WATERVILLE, MO



AS IV Serial no: 107982
Version no: 532B

TEST RECORD 00689

Temp Date Time 210L ^{9/}

Air Blank:

08/01/21 11:45 .000

Calibration Check:

24 08/01/21 11:45 .100

Subject Name

TEST #2

Subject I.D.

Operator Name, I.D.

CEL A.L. GARNES #700091

Location

201 S. FANWICK ST.

WATERVILLE, MO



AS IV Serial no: 107982
Version no: 532B

TEST RECORD 00690

Temp Date Time 210L ^{9/}

Air Blank:

08/01/21 11:47 .000

Calibration Check:

25 08/01/21 11:47 .100

Subject Name

TEST #3

Subject I.D.

Operator Name, I.D.

CEL A.L. GARNES #700091

Location

201 S. FANWICK ST.

WATERVILLE, MO



AS IV Serial no: 107982
Version no: 532B

TEST RECORD 00691

Temp Date Time 210L ^{9/}

VOID: REI

12 08/01/21 11:50

Subject Name

RFI

Subject I.D.

Operator Name, I.D.

CEL A.L. GARNES #700091

Location

201 S. FANWICK ST.

WATERVILLE, MO





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

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PERMIT
TYPE II
GRAYDON L GAINES

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 2/18/2020

NUMBER 200091

EXPIRES 2/18/2022

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

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 GAINES, GRAYDON
Permit No 200091
Date Issued 2/18/2020 Date Expires 2/18/2022

