



**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 <u>107985</u>	PRINTER SN <u>099.3586.820</u>	DATE OF INSPECTION <u>2-3-2021</u>
LOCATION OF INSTRUMENT (STREET AND CITY) <u>200 North Avenue, Sparta, MO 65753</u>		TIME OF INSPECTION <u>1345</u>

**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 GUTH LAB LOT # 19390 EXP. DATE 12/9/21
- SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34°C SIMULATOR SN MP 3584 SIMULATOR EXP DATE 2/20/21

- 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 <u>.102</u>	TEST 2 <u>.103</u>	TEST 3 <u>.102</u>
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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 <u>0</u>	(0-.04) <u>0</u>	(.05-.09) <u>0</u>	(.10-.14) <u>0</u>	(.15-.19) <u>0</u>	(OVER .19) <u>0</u>
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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).

<b>INSPECTING OFFICER</b>	
SIGNATURE 	PRINT NAME <u>LOREN NYSTROM</u>
TYPE II PERMIT NUMBER/EXPIRATION DATE <u>290056</u> <u>3/1/2021</u>	TELEPHONE NUMBER <u>417-242-5571</u>

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

AS IV Serial no: 107985  
Version no: 532B

TEST RECORD 00949

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

Air Blank:  
02/03/21 15:13 .000  
Calibration Check:  
21 02/03/21 15:13 .102

Subject Name

Test

Subject I.D.

#1

Operator Name, I.D.

L. Nystrom 615

Location

SPD Booking

AS IV Serial no: 107985  
Version no: 532B

TEST RECORD 00950

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

Air Blank:  
02/03/21 15:14 .000  
Calibration Check:  
21 02/03/21 15:14 .103

Subject Name

Test

Subject I.D.

#2

Operator Name, I.D.

L. Nystrom 615

Location

SPD Booking

AS IV Serial no: 107985  
Version no: 532B

TEST RECORD 00951

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

Air Blank:  
02/03/21 15:16 .000  
Calibration Check:  
22 02/03/21 15:16 .102

Subject Name

Test

Subject I.D.

#3

Operator Name, I.D.

L. Nystrom 615

Location

SPD Booking

AS IV Serial no: 107985  
Version no: 532B

TEST RECORD 00953

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

Air Blank:  
02/03/21 15:25 .000  
Calibration Check:  
22 02/03/21 15:25 .000

Subject Name

Test

Subject I.D.

Blank

Operator Name, I.D.

L. Nystrom 615

Location

SPD Booking

AS IV Serial no: 107985  
Version no: 532B

TEST RECORD 00952

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

VOID: RFI  
12 02/03/21 15:22

Subject Name

Test

Subject I.D.

FFI

Operator Name, I.D.

L. Nystrom 615

Location

SPD Booking



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

2

PERMIT  
TYPE II

LOREN NYSTROM

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

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 3/1/2019

NUMBER 290056

EXPIRES 3/1/2021

RSD 553-0771 (5-10)

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 NYSTROM, LOREN  
Permit No 290056  
Date Issued 3/1/2019 Date Expires 3/1/2021