



**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>10-02-2021</u>
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LOCATION OF INSTRUMENT (STREET AND CITY) <u>200 North Ave, Sparta, MO 65753</u>	TIME OF INSPECTION <u>1340</u>
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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 GUTH LAB LOT # 21080 EXP. DATE 3/8/23

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34°C SIMULATOR SN MP3584 SIMULATOR EXP DATE 2/25/2022

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 • <u>.100</u>	TEST 2 • <u>.100</u>	TEST 3 • <u>.101</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>1</u>	(OVER .19)	<u>1</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).

NONE

**INSPECTING OFFICER**

SIGNATURE 	PRINT NAME <u>LOREN NYSTROM</u>
TYPE II PERMIT NUMBER/EXPIRATION DATE <u>2-23-2023 210032</u>	TELEPHONE NUMBER

**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 01001

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

Air Blank:  
10/02/21 13:43 .000  
Calibration Check:  
22 10/02/21 13:43 .100

Subject Name

Test

Subject I.D.

#1

Operator Name, I.D.

L. Nystrom #615

Location

Sparta P.D. Booking

AS IV Serial no: 107985  
Version no: 532B

TEST RECORD 01002

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

Air Blank:  
10/02/21 13:45 .000  
Calibration Check:  
22 10/02/21 13:45 .100

Subject Name

Test

Subject I.D.

#2

Operator Name, I.D.

L. Nystrom #615

Location

Sparta P.D. Booking

AS IV Serial no: 107985  
Version no: 532B

TEST RECORD 01003

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

Air Blank:  
10/02/21 13:47 .000  
Calibration Check:  
22 10/02/21 13:47 .101

Subject Name

Test

Subject I.D.

#3

Operator Name, I.D.

L. Nystrom #615

Location

Sparta P.D. Booking

AS IV Serial no: 107985  
Version no: 532B

TEST RECORD 01004

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

VOID: RFI  
12 10/02/21 13:49

Subject Name

Test

Subject I.D.

RFI

Operator Name, I.D.

L. Nystrom #615

Location

Sparta P.D. Booking

AS IV Serial no: 107985  
Version no: 532B

TEST RECORD 01005

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

Air Blank:  
10/02/21 13:51 .000  
Calibration Check:  
22 10/02/21 13:51 .000

Subject Name

Test

Subject I.D.

Blank

Operator Name, I.D.

L. Nystrom #615

Location

Sparta P.D. Booking



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



**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 2/23/2021

NUMBER 210032

EXPIRES 2/23/2023

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 NYSTROM, LOREN  
 Permit No 210032  
 Date Issued 2/23/2021 Date Expires 2/23/2023

