



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>12-31-2020</u>
LOCATION OF INSTRUMENT (STREET AND CITY) <u>200 North Ave Sparta, MO 65753</u>		TIME OF INSPECTION <u>1145</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 # 19370

EXP. DATE 12/9/21

SIMULATOR TEMPERATURE ($34^{\circ}\text{C} \pm 0.2^{\circ}\text{C}$) 340C SIMULATOR SN MP3584 SIMULATOR 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 $\pm 5\%$ 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 1 102

TEST 2 102

TEST 3 102

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) 0 (.10-.14) 0 (.15-.19) 0 (OVER .19) 0

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 [Signature]

PRINT NAME LOREN NYSTROM

TYPE II PERMIT NUMBER/EXPIRATION DATE 290056 3/1/2021

TELEPHONE NUMBER (417) 242-5511

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 00944

Temp Date Time ^{s/} 210L

Air Blank:
12/31/20 12:49 .000
Calibration Check:
22 12/31/20 12:49 .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 00945

Temp Date Time ^{s/} 210L

Air Blank:
12/31/20 12:51 .000
Calibration Check:
22 12/31/20 12:51 .102

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 00946

Temp Date Time ^{s/} 210L

Air Blank:
12/31/20 12:53 .000
Calibration Check:
22 12/31/20 12:53 .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 00948

Temp Date Time ^{s/} 210L

Air Blank:
12/31/20 12:58 .000
Calibration Check:
23 12/31/20 12:58 .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 00947

Temp Date Time ^{s/} 210L

VOID: RFI
12 12/31/20 12:55

Subject Name

Test

Subject I.D.

RFI

Operator Name, I.D.

L. Nystrom 615

Location

SPD Booking



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

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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

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 550-0771 (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 NYSTROM, LOREN
 Permit No 290056
 Date Issued 3/1/2019 Date Expires 3/1/2021

