



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 STATE PUBLIC HEALTH LABORATORY
ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

RECEIVED

By Tracy Crews at 6:42 am, Oct 04, 2021

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 107992	PRINTER SN 099.3586.825	DATE OF INSPECTION 10/01/2021
LOCATION OF INSTRUMENT (STREET AND CITY) 211 W. Broadway Webb City, MO		TIME OF INSPECTION 10:36 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 Intoximeters, Inc LOT # AG107601 EXP. DATE 03/17/2023

- SIMULATOR TEMPERATURE (34°C ± 0.2°C) _____ SIMULATOR SN _____ 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 ±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 ← .101	TEST 2 ← .101	TEST 3 ← .101
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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)	0	(.10-.14)	4	(.15-.19)	0	(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 Christopher Shonk
TYPE II PERMIT NUMBER/EXPIRATION DATE 210136 / 06/30/2023	TELEPHONE NUMBER (417) 673-1911

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: 107992
Version no: 532B

TEST RECORD 01270

Temp Date Time ^{s/} 210L

Air Blank:
10/01/21 10:36 .000
Calibration Check:
21 10/01/21 10:36 .101

Subject Name

TEST #1

Subject I.D.

Operator Name, I.D.

Cpl. C. Shonk #210136
Location

WCPD

AS IV Serial no: 107992
Version no: 532B

TEST RECORD 01271

Temp Date Time ^{s/} 210L

Air Blank:
10/01/21 10:38 .000
Calibration Check:
21 10/01/21 10:38 .101

Subject Name

TEST # 2

Subject I.D.

Operator Name, I.D.

Cpl. C. Shonk #210136
Location

WCPD

Temp Date Time ^{s/} 210L

Air Blank:
10/01/21 10:44 .000
Calibration Check:
21 10/01/21 10:44 .101

Subject Name

TEST # 3

Subject I.D.

Operator Name, I.D.

Cpl. C. Shonk #210136
Location

WCPD

AS IV Serial no: 107992
Version no: 532B

TEST RECORD 01273

Temp Date Time ^{s/} 210L

VOID: RFI
12 10/01/21 13:41

Subject Name

RFI CHECK

Subject I.D.

Operator Name, I.D.

Cpl. C. Shonk #210136
Location

WCPD

AS IV Serial no: 107992
Version no: 532B

TEST RECORD 01274

Temp Date Time ^{s/} 210L

Air Blank:
10/01/21 13:42 .000
Subject Test: Auto
18 10/01/21 13:42 .000

Subject Name

Sober SAMPLE

Subject I.D.

Operator Name, I.D.

Cpl. C. Shonk #210136
Location

WCPD



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

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PERMIT
TYPE II
CHRISTOPHER SHONK

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

INTOX DMT, INTOXILYZER 8000, ALCO-SENSOR IV W/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 6/30/2021

NUMBER 210136

EXPIRES 6/30/2023

Laura P. Noy

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Robert K. Kuehl

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 SHONK, CHRISTOPHER
Permit No 210136
Date Issued 6/30/2021 Date Expires 6/30/2023