



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

RECEIVED

By Tracy Crews at 3:33 pm, Nov 03, 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	NAME OF AGENCY 099.3586.825	DATE OF INSPECTION 11/02/2021
LOCATION OF INSTRUMENT (STREET AND CITY) 211 West Broadway Webb City, Missouri 64870		TIME OF INSPECTION 04:28 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.

<input checked="" type="checkbox"/> DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)
<input checked="" type="checkbox"/> TEMPERATURE OF ALCO SENSOR (10°C - 40°C)
<input checked="" type="checkbox"/> PRINTER WORKING PROPERLY
<input checked="" type="checkbox"/> TIME AND DATE DISPLAYING PROPERLY

BREATH ALCOHOL ACCURACY STANDARDS

<input type="checkbox"/> SIMULATOR SOLUTION	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>Intoximeters, Inc.</u> LOT # <u>AG107601</u> EXP. DATE <u>03/17/2023</u>	
<input type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) _____ SIM. SN _____ SIM. NIST 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)

<input checked="" type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE
<input type="checkbox"/> 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE
<input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE

TEST 1 ← 0.105	TEST 2 ← 0.105	TEST 3 ← 0.105
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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) 0	(.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 by mail, fax, or email.

AS IV Serial no: 107992
Version no: 532B

TEST RECORD 01275

Temp Date Time 210L
s/

Air Blank:
11/02/21 04:28 .000
Calibration Check:
18 11/02/21 04:28 .105

Subject Name

TEST #1

Subject I.D.

Operator Name, I.D.

Cpl. C. Shank #210136

Location

WCPD

AS IV Serial no: 107992
Version no: 532B

TEST RECORD 01276

Temp Date Time 210L
s/

Air Blank:
11/02/21 04:30 .000
Calibration Check:
18 11/02/21 04:30 .105

Subject Name

TEST #2

Subject I.D.

Operator Name, I.D.

Cpl. C. Shank #210136

Location

WCPD

AS IV Serial no: 107992
Version no: 532B

TEST RECORD 01277

Temp Date Time 210L
s/

Air Blank:
11/02/21 04:31 .000
Calibration Check:
19 11/02/21 04:31 .105

Subject Name

TEST #3

Subject I.D.

Operator Name, I.D.

Cpl. C. Shank #210136

Location

WCPD

AS IV Serial no: 107992
Version no: 532B

TEST RECORD 01278

Temp Date Time 210L
s/

VOID: RFI
12 11/02/21 04:33

Subject Name

RFI CHECK

Subject I.D.

Operator Name, I.D.

Cpl. C. Shank #210136

Location

WCPD

AS IV Serial no: 107992
Version no: 532B

TEST RECORD 01279

Temp Date Time 210L
s/

Air Blank:
11/02/21 04:34 .000
Subject Test: Auto
20 11/02/21 04:34 .000

Subject Name

Subex SAMPLE

Subject I.D.

Operator Name, I.D.

Cpl. C. Shank #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

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