



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 STATE PUBLIC HEALTH LABORATORY
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 111629	NAME OF AGENCY University of Missouri Police Department	DATE OF INSPECTION 08/22/2021 <i>08/02/21</i>
LOCATION OF INSTRUMENT (STREET AND CITY) 901 Virginia Avenue, Columbia		TIME OF INSPECTION 8:51 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 LOT # AG021102 EXP. DATE 07/29/2022

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)

- 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 ← .079 TEST 2 ← .079 TEST 3 ← .078

- 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	1	(0-.04)	0	(.05-.09)	2	(.10-.14)	0	(.15-.19)	2	(OVER .19)	1
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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 <i>[Signature]</i>	PRINT NAME Eric Moss
PERMIT NUMBER/EXPIRATION DATE 200215	TELEPHONE NUMBER (573) 882-7201

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: 111629
Version no: 532B

TEST RECORD 01053

Temp Date Time 210L

VOID: RFI
12 08/02/21 08:57

Subject Name

RFI test OK

Subject I.D.

ERIC MOSS MUPD37

Operator Name, I.D.

20021S 7/23/22

Location

MUPD

AS. ID Serial no: 111629
Version no: 532B

TEST RECORD 01051

Temp Date Time 9/
210L

Air Blank:

08/02/21 08:52 .000

Calibration Check:

23 08/02/21 08:52 .079

Subject Name

Cal check 2 of 3 on

Subject I.D.

Eric Moss MUPD 37

Operator Name, I.D.

200215 7/23/22

Location

MUPD

AS IV Serial no: 111629
Version no: 532B

TEST RECORD 01052

Temp Date Time ^{g/} 210L

Air Blank:

08/02/21 08:54 .000

Calibration Check:

24 08/02/21 08:54 .078

Subject Name

Cal check 343 on

Subject I.D.

Eric Moss MUPD 37

Operator Name, I.D.

200215 7/23/22

Location

MUPD

AS IV Serial no: 111629
Version no: 532B

TEST RECORD 01054

Temp Date Time ^{s/} 210L

Air Blank:

08/02/21 08:58 .000

Subject Test: Auto

25 08/02/21 08:58 .000

Subject Name

Blank check on
Subject I.D.

Eric Moss MUPD³⁷
Operator Name, I.D.

20021S 7/23/22
Location

MUPD

AS IV Serial no: 111629
Version no: 532B

TEST RECORD 01050

Temp Date Time 210L

Air Blank:
08/02/21 08:51 .000
Calibration Check:
23 08/02/21 08:51 .079

Subject Name

Cal check 1 of 3 OK

Subject I.D.

Eric Moss MUPD37

Operator Name, I.D.

200215 7/23/22

Location

MUPD



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

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PERMIT
TYPE II
ERIC L MOSS

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, INTOX DMT

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 7/23/2020

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 200215

EXPIRES 7/23/2022

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 MOSS, ERIC
 Permit No 200215
 Date Issued 7/23/2020 Date Expires 7/23/2022