



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 111735	NAME OF AGENCY Linn Police Department	DATE OF INSPECTION 09/29/2021
LOCATION OF INSTRUMENT (STREET AND CITY) 1200 East Main Street, Linn, MO 65051		TIME OF INSPECTION 8:54 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**

<input checked="" type="checkbox"/> SIMULATOR SOLUTION	<input type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>RepCo Marketing Co.</u>	LOT # <u>20001</u> EXP. DATE <u>10/07/2022</u>
<input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) <u>34.00</u>	SIM. SN <u>MP6021</u> SIM. NIST EXP DATE <u>09/03/2022</u>

- 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  .100	TEST 2  .100	TEST 3  .099
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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-.04)	(.05-.09)	(.10-.14)	(.15-.19)	(OVER .19)
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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).

Prior to doing testing I performed a calibration due to this being a new instrument for our department.

**INSPECTING OFFICER**

SIGNATURE 	PRINT NAME Michael A. Bickell
TYPE II PERMIT NUMBER/EXPIRATION DATE 210204, 09/14/2023	TELEPHONE NUMBER (573) 897-2236

**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: 111735  
Version no: 532B

TEST RECORD 00087

Temp	Date	Time	s/ 210L
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Air Blank:  
09/29/21 08:54 .000  
Calibration:  
23 09/29/21 08:54 .100

Subject Name

Maint Test

Subject I.D.

Calibration

Operator Name, I.D.

M.A. Bickell 210204

Location

Linn Police Dept.

AS IV Serial no: 111735  
Version no: 532B

TEST RECORD 00088

Temp	Date	Time	s/ 210L
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Air Blank:  
09/29/21 08:56 .000  
Calibration Check:  
24 09/29/21 08:56 .101

Subject Name

Maint Test

Subject I.D.

Calibration

Operator Name, I.D.

M.A. Bickell 210204

Location

Linn Police Dept.

AS IV Serial no: 111735  
Version no: 532B

TEST RECORD 00089

Temp	Date	Time	s/ 210L
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Air Blank:  
09/29/21 08:58 .000  
Subject Test: Auto  
24 09/29/21 08:58 .100

Subject Name

Maint Test

Subject I.D.

#1

Operator Name, I.D.

M.A. Bickell 210204

Location

Linn Police Dept.

AS IV Serial no: 111735  
Version no: 532B

TEST RECORD 00090

Temp	Date	Time	s/ 210L
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Air Blank:  
09/29/21 09:00 .000  
Subject Test: Auto  
24 09/29/21 09:00 .100

Subject Name

Maint Test

Subject I.D.

#2

Operator Name, I.D.

M.A. Bickell 210204

Location

Linn Police Dept.

AS IV Serial no: 111735  
Version no: 532B

TEST RECORD 00091

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

Air Blank:  
09/29/21 09:02 .000  
Subject Test: Auto  
24 09/29/21 09:02 .099

Subject Name

Maint Test

Subject I.D.

#3

Operator Name, I.D.

M.A. Bickell 210204

Location

Linn Police Dept.

AS IV Serial no: 111735  
Version no: 532B

TEST RECORD 00092

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

VOID: RFI  
12 09/29/21 09:03

Subject Name

Maint Test

Subject I.D.

RFI

Operator Name, I.D.

M.A. Bickell 210204

Location

Linn Police Dept.



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



**PERMIT**  
**TYPE II**  
**MICHAEL BICKELL**

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 9/14/2021

NUMBER 210204

EXPIRES 9/14/2023

*Laura Q. Way*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Donald A. Kamm*

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** BICKELL, MICHAEL  
**Permit No** 210204  
**Date Issued** 9/14/2021 **Date Expires** 9/14/2023





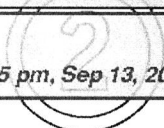
MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 STATE PUBLIC HEALTH LABORATORY  
 BREATH ALCOHOL PROGRAM  
**APPLICATION FOR TYPE II PERMIT FOR OPERATION OF BREATH ALCOHOL ANALYZERS**

**RECEIVED**

By Tracy Crews at 7:59 am, Sep 10, 2021

**APPROVED**

By Brian Lutner at 3:25 pm, Sep 13, 2021



THIS APPLICATION IS FOR  NEW PERMIT  RENEWAL CURRENT PERMIT NUMBER AND EXPIRATION DATE

PRINT FULL NAME *Michael Andrew Bickell* TITLE *chief of Police* AGE *33*

A disclosure concerning your SSN number is available at: <http://www.health.mo.gov/lab/breathalcohol/>

DEPARTMENT OR TROOP *Linn Police Dept* TELEPHONE *573-897-2236*

BUSINESS ADDRESS (STREET, CITY, STATE, ZIP CODE) *P.O. Box 498, 1200 East Main St., Linn, MO 65051*

EMAIL ADDRESS *Michael.bickell@cityoflinn.com*

LIST ALL ORIGINAL TRAINING COURSES FOR OPERATION OF BREATH ANALYZERS  
 (Also, please place a checkmark beside ALL breath analyzer(s) for which you are requesting a permit.)

DATES OF COURSE	LOCATION OF COURSE	COURSE LENGTH (HRS.)	NAME & MODEL OF BREATH ANALYZER	PLACE A CHECKMARK BESIDE INSTRUMENTS FOR WHICH YOU REQUEST	NAME OF INSTRUCTOR
<i>8-30 to 9-3</i>	<i>MSC</i>	<i>36</i>	<i>TYPE II Supervisor</i>	<input type="checkbox"/>	<i>Brian Lutner</i>
<i>9-8</i>	<i>MSC</i>	<i>8</i>	<i>TYPE II ASIV Printer &amp; Lab</i>	<input checked="" type="checkbox"/>	<i>Bottd</i>
				<input type="checkbox"/>	
				<input type="checkbox"/>	

List the manufacturer and name of instruments for which you are currently performing maintenance reports on and the number of maintenance reports performed on EACH type in the last year.  OK BML

MANUFACTURER AND NAME OF INSTRUMENT	NUMBER OF MAINTENANCE REPORTS	NUMBER OF SUBJECT TESTS
1.		
2.		
3.		

When adding a new instrument, you receive a new two (2) year permit. Therefore, normal renewal procedures apply for the instrument(s) on your current permit that you wish to transfer to the new permit. Disregarding these renewal procedures will result in a new permit for the new instrument only.

To renew a Type II Permit, the applicant shall have completed two (2) Maintenance Reports and shall have performed at least ten (10) tests on drinking subjects in the past year on each instrument for which renewal is requested. If these conditions are not met, or the permit has expired for more than thirty (30) days, the applicant shall perform two (2) Maintenance Reports and five (5) self-administered tests for each breath analyzer for which renewal is requested. Copies of the Maintenance Reports along with the Operational checklists and printouts for the five (5) self-administered tests shall accompany the application for renewal.

SIGNATURE OF APPLICANT *[Signature]* DATE *9/08/2021*

RETURN COMPLETED APPLICATION TO THE: Breath Alcohol Program, Missouri Department of Health and Senior Services  
 Southeast District Office  
 2875 James Blvd.  
 Poplar Bluff, MO 63901