



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 102454	PRINTER SN 095.3583.044	DATE OF INSPECTION 03/06/2022
LOCATION OF INSTRUMENT (STREET AND CITY) Monett Police Department, 1901 E. Cleveland Ave, Monett, MO, 65708		TIME OF INSPECTION 9:24 pm

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 # AG015503 EXP. DATE 06/22/2022

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 .097	TEST 2 .099	TEST 3 ..098
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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	1	(0-.04)	0	(.05-.09)	4	(.10-.14)	1	(.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 Trent Gold
TYPE II PERMIT NUMBER/EXPIRATION DATE 210049 3-30-2023	TELEPHONE NUMBER 417-235-4241

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: 102454
Version no: 532B

TEST RECORD 00778

Temp	Date	Time	s/ 210L
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Air Blank:
10/14/22 21:24 .000
Calibration Check:
19 10/14/22 21:24 .097

Subject Name

Test 1

Subject I.D.

Operator Name, I.D.

Trent Galt 210049
3-30-23

Location

Marett

PD

AS IV Serial no: 102454
Version no: 532B

TEST RECORD 00779

Temp	Date	Time	s/ 210L
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Air Blank:
10/14/22 21:26 .000
Calibration Check:
19 10/14/22 21:26 .099

Subject Name

Test 2

Subject I.D.

Operator Name, I.D.

Trent Galt 210049
3-30-23

Location

Marett

PD

AS IV Serial no: 102454
Version no: 532B

TEST RECORD 00780

Temp	Date	Time	s/ 210L
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Air Blank:
10/14/22 21:28 .000
Calibration Check:
21 10/14/22 21:28 .098

Subject Name

Test 3

Subject I.D.

Operator Name, I.D.

Trent Galt 210049
3-30-23

Location

Marett

PD

AS IV Serial no: 102454
Version no: 532B

TEST RECORD 00781

Temp	Date	Time	s/ 210L
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VOID: RFI
12 10/14/22 21:29

Subject Name

RFI!

Subject I.D.

Operator Name, I.D.

Trent Galt 210049
3-30-22

Location

Marett

PD

AS IV Serial no: 102454
Version no: 532B

TEST RECORD 00782

Temp	Date	Time	s/ 210L
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Air Blank:
10/14/22 21:30 .000
Subject Test: Auto
22 10/14/22 21:30 .000

Subject Name

Operational Test

Subject I.D.

Operator Name, I.D.

Trent Galt 210049
3-30-22

Location

Marett

PD



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

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PERMIT
TYPE II
TRENT GOLD

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 3/30/2021

NUMBER 210049

EXPIRES 3/30/2023

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

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 GOLD, TRENT
 Permit No 210049
 Date Issued 3/30/2021 Date Expires 3/30/2023

