



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 102455	NAME OF AGENCY PETTIS CO SHERIFF'S OFFICE	DATE OF INSPECTION 08/21/2022
LOCATION OF INSTRUMENT (STREET AND CITY) 319 S LAMINE AVE, SEDALIA		TIME OF INSPECTION 10:49 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 # AG110402 _____ EXP. DATE 04/14/2023

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 → .081

TEST 2 → .080

TEST 3 → .080

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).

Instrument operating within standards established by MODHSS

INSPECTING OFFICER

SIGNATURE ▶	PRINT NAME Jimmy Moore
TYPE II PERMIT NUMBER/EXPIRATION DATE 210261 11/18/2023	TELEPHONE NUMBER (660) 827-0052

Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office by mail, fax, or email.

AS IU Serial no: 102455
Version no: 532B

TEST RECORD 00272

Temp	Date	Time	W/ 210L
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Air Blank:	08/21/22	22:53	.000
Calibration	21 08/21/22	22:53	.000

Subject Name

Subject I.D.

Maintenance 3
Operator Name, I.D.

Location

AS IU Serial no: 102455
Version no: 532B

TEST RECORD 00273

Temp	Date	Time	W/ 210L
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VOID: RFI	12 08/21/22	22:53	
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Subject Name

Subject I.D.

RFI
Operator Name, I.D.

Location

AS IU Serial no: 102455
Version no: 532B

TEST RECORD 00270

Temp	Date	Time	W/ 210L
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Air Blank:	08/21/22	22:49	.000
Calibration	20 08/21/22	22:49	.001

Subject Name

Maintenance
Subject I.D. 1

Operator Name, I.D.

Location

AS IU Serial no: 102455
Version no: 532B

TEST RECORD 00271

Temp	Date	Time	W/ 210L
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Air Blank:	08/21/22	22:51	.000
Calibration	21 08/21/22	22:51	.000

Subject Name

Subject I.D.

Maintenance 2
Operator Name, I.D.

Location



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



PERMIT
TYPE II
JIMMY D. MOORE

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: 11/18/2021

NUMBER 210261

EXPIRES 11/18/2023

Laura E. Day

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Donald S. Kauffman

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 **MOORE, JIMMY**
 Permit No **210261**
 Date Issued **11/18/2021** Date Expires **11/18/2023**

