



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
STATE PUBLIC HEALTH LABORATORY  
**ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT**

**RECEIVED**  
By Tracy Crews at 2:54 pm, May 04, 2022

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 <u>107985</u>	PRINTER SN <u>099.3586.820</u>	DATE OF INSPECTION <u>4-30-22</u>
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LOCATION OF INSTRUMENT (STREET AND CITY) <u>Sparta, P.O. 280 North Ave Sparta, MO 65753</u>	TIME OF INSPECTION <u>1630</u>
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**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>GUTH LAB</u>	LOT # <u>21080</u> EXP. DATE <u>3/8/23</u>
<input checked="" type="checkbox"/> SIMULATOR TEMPERATURE ( <u>34°C</u> ± 0.2°C) <u>34°C</u>	SIMULATOR SN <u>3584</u> SIMULATOR EXP DATE <u>03/03/2025</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 • <u>.103</u>	TEST 2 • <u>.103</u>	TEST 3 • <u>.102</u>
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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 <u>1</u>	(0-.04) <u>0</u>	(.05-.09) <u>0</u>	(.10-.14) <u>0</u>	(.15-.19) <u>0</u>	(OVER .19) <u>0</u>
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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).

<b>INSPECTING OFFICER</b>	
SIGNATURE <u>[Signature]</u>	PRINT NAME <u>CAREN NYSTROM</u>
TYPE II PERMIT NUMBER/EXPIRATION DATE <u>20032</u>	TELEPHONE NUMBER <u>467-242-5511</u>

**Return completed report to:** Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office  
2875 James Boulevard  
Poplar Bluff, MO 63901

AS IV Serial no: 107985  
Version no: 532B

TEST RECORD 01163

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

Air Blank:  
04/30/22 16:37 .000  
Calibration Check:  
24 04/30/22 16:37 .103

Subject Name

Test  
Subject I.D.

#2

Operator Name, I.D.

L. Nystrom #615

Location

Sparta P.D. Booking

AS IV Serial no: 107985  
Version no: 532B

TEST RECORD 01164

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

Air Blank:  
04/30/22 16:39 .000  
Calibration Check:  
25 04/30/22 16:39 .102

Subject Name

Test  
Subject I.D.

#3

Operator Name, I.D.

L. Nystrom #615

Location

Sparta P.D. Booking

AS IV Serial no: 107985  
Version no: 532B

TEST RECORD 01162

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

Air Blank:  
04/30/22 16:35 .000  
Calibration Check:  
24 04/30/22 16:35 .103

Subject Name

Test  
Subject I.D.

#1

Operator Name, I.D.

L. Nystrom #615

Location

Sparta P.D. Booking

AS IV Serial no: 107985  
Version no: 532B

TEST RECORD 01165

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

VOID: RFI  
12 04/30/22 16:41

Subject Name

Test  
Subject I.D.

RFI

Operator Name, I.D.

L. Nystrom #615

Location

Sparta P.D. Booking

AS IV Serial no: 107985  
Version no: 532B

TEST RECORD 01166

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

Air Blank:  
04/30/22 16:43 .000  
Calibration Check:  
25 04/30/22 16:43 .000

Subject Name

Test  
Subject I.D.

Blanks

Operator Name, I.D.

L. Nystrom #615

Location

Sparta P.D. Booking



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

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**PERMIT**  
**TYPE II**  
**LOREN NYSTROM**

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 2/23/2021

NUMBER 210032

EXPIRES 2/23/2023

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 NYSTROM, LOREN  
Permit No 210032  
Date Issued 2/23/2021 Date Expires 2/23/2023

