



**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 108269	PRINTER SN 099.3586.809	DATE OF INSPECTION 06/30/2022
LOCATION OF INSTRUMENT (STREET AND CITY) Zone D-14 / Cassville, MO		TIME OF INSPECTION 2:18 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 RepCo Marketing, Inc. LOT # 20001 EXP. DATE 10/07/2022

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.02 SIMULATOR SN MP2150 SIMULATOR EXP DATE 01/06/2023

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 ← 0.102%

TEST 2 ← 0.102%

TEST 3 ← 0.102%

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	(0-.04)	0	(.05-.09)	0	(.10-.14)	0	(.15-.19)	0	(OVER .19)	0
----------	---	---------	---	-----------	---	-----------	---	-----------	---	------------	---

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).

Updated clock.

**INSPECTING OFFICER**

SIGNATURE *DR Hukill #383*

PRINT NAME  
Tpr. D.R. Hukill / #383

TYPE II PERMIT NUMBER/EXPIRATION DATE  
210065 / 04/06/2023

TELEPHONE NUMBER  
(417) 895-6868

**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: 108269  
Version no: 532B

TEST RECORD 00603

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

Air Blank: 06/30/22 14:25 .000

Calibration Check: 27 06/30/22 14:25 .102

Subject Name

Accuracy Check

Subject I.D. Test #1

Operator Name, I.D. Tn. D.R. Hukill #383

Location

Zone D-14

Cassville, MO

AS IV Serial no: 108269  
Version no: 532B

TEST RECORD 00604

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

Air Blank: 06/30/22 14:28 .000

Calibration Check: 27 06/30/22 14:28 .102

Subject Name

Accuracy Check

Subject I.D. Test #2

Operator Name, I.D. Tn. D.R. Hukill #383

Location

Zone D-14

Cassville, MO

AS IV Serial no: 108269  
Version no: 532B

TEST RECORD 00605

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

Air Blank: 06/30/22 14:31 .000

Calibration Check: 28 06/30/22 14:31 .102

Subject Name

Accuracy Check

Subject I.D. Test #3

Operator Name, I.D. Tn. D.R. Hukill #383

Location

Zone D-14

Cassville, MO

AS IV Serial no: 108269  
Version no: 532B

TEST RECORD 00606

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

VOID: RFI

12 06/30/22 14:32

Subject Name

RFI Test

Subject I.D. RFI

Operator Name, I.D. Tn. D.R. Hukill #383

Location

Zone D-14

Cassville, MO



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



**PERMIT  
TYPE II**

**DARWIN R. HUKILL**

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 4/6/2021

NUMBER 210065

EXPIRES 4/6/2023

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 HUKILL, DARWIN  
Permit No 210065  
Date Issued 4/6/2021 Date Expires 4/6/2023

