



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

RECEIVED
 By Tracy Crews at 8:43 am, Jun 27, 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 109482	PRINTER SN 95.1111.053	DATE OF INSPECTION 05/24/2022
LOCATION OF INSTRUMENT (STREET AND CITY) 501 FARAON ST. ST JOSEPH MO. 64501		TIME OF INSPECTION 9:41 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 type="checkbox"/> SIMULATOR SOLUTION	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input type="checkbox"/> STANDARD SUPPLIER <u>INTOXIMETERS</u>	LOT # <u>AG102503</u> EXP. DATE <u>01/25/2023</u>
<input type="checkbox"/> 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 ➔ .101	TEST 2 ➔ .099	TEST 3 ➔ 0.99
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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).

INSPECTING OFFICER

SIGNATURE 	PRINT NAME Jeremy W. Ellis
TYPE II PERMIT NUMBER EXPIRATION DATE 220124 EXP-05/11/2024	TELEPHONE NUMBER (816) 271-4882

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

ASIV/WITH PRINTER MONTHLY MAINTENANCE REPORT, SAINT JOSEPH
 POLICE DEPARTMENT 501 FARAON STREET ST. JOSEPH MO. 64501

<p>AS IV Serial no: 109482 Version no: 532B</p> <p>TEST RECORD 01475</p> <p>Temp Date Time 210L 9/</p> <p>Air Blank: 05/24/22 09:41 .000</p> <p>Subject Test: Man 09 05/24/22 09:41 .101</p> <p>Subject Name <u>TEST #1</u></p> <p>Subject I.D. <u>Jeremy Ellis</u></p> <p>Operator Name, I.D. <u>501 FARAON ST</u></p> <p>Location <u>ST JOSEPH MO.</u></p> <p><u>64501</u></p>	<p>AS IV Serial no: 109482 Version no: 532B</p> <p>TEST RECORD 01476</p> <p>Temp Date Time 210L 9/</p> <p>Air Blank: 05/24/22 09:44 .000</p> <p>Calibration Check: 29 05/24/22 09:44 .099</p> <p>Subject Name <u>TEST #2</u></p> <p>Subject I.D. <u>Jeremy Ellis</u></p> <p>Operator Name, I.D. <u>501 FARAON ST</u></p> <p>Location <u>ST JOSEPH MO.</u></p> <p><u>64501</u></p>	<p>AS IV Serial no: 109482 Version no: 532B</p> <p>TEST RECORD 01477</p> <p>Temp Date Time 210L 9/</p> <p>Air Blank: 05/24/22 09:46 .000</p> <p>Calibration Check: 21 05/24/22 09:46 .099</p> <p>Subject Name <u>TEST #3</u></p> <p>Subject I.D. <u>Jeremy Ellis</u></p> <p>Operator Name, I.D. <u>501 FARAON ST</u></p> <p>Location <u>ST JOSEPH MO.</u></p> <p><u>64501</u></p>	<p>AS IV Serial no: 109482 Version no: 532B</p> <p>TEST RECORD 01478</p> <p>Temp Date Time 210L 9/</p> <p>NOIDR: RFI 12 05/24/22 09:51</p> <p>Subject Name <u>RFI TEST</u></p> <p>Subject I.D. <u>Jeremy Ellis</u></p> <p>Operator Name, I.D. <u>501 FARAON ST</u></p> <p>Location <u>ST JOSEPH MO.</u></p> <p><u>64501</u></p>
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STATE OF MISSOURI
 DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BREATH ALCOHOL PROGRAM



**PERMIT
 TYPE II**

JEREMY W. ELLIS

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 EC/IR II

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 5/11/2022

NUMBER 220124

EXPIRES 5/11/2024

Laura G. Way

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Dave J. Nickelson

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 ELLIS, JEREMY
Permit No 220124
Date Issued 5/11/2022 **Date Expires** 5/11/2024

