



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<br>111321  | NAME OF AGENCY<br>Missouri State Highway Patrol | DATE OF INSPECTION<br>09/08/2022 |
| LOCATION OF INSTRUMENT (STREET AND CITY)<br>1510 E. Elm Street Jefferson City MO 65102 |   | TIME OF INSPECTION<br>1:45 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.

|  |
|--|
| <input checked="" type="checkbox"/> DIGITAL READOUT (ALL ELEMENTS OPERATIONAL) |
| <input checked="" type="checkbox"/> TEMPERATURE OF ALCO SENSOR (10°C - 40°C)   |
| <input checked="" type="checkbox"/> PRINTER WORKING PROPERLY                   |
| <input checked="" type="checkbox"/> 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>RepCo</u>                 | LOT # <u>20001</u> EXP. DATE <u>10/07/2022</u>             |
| <input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) <u>34</u> | SIM. SN <u>MP2409</u> SIM. NIST EXP DATE <u>08/05/2023</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)

|   |
|---|
| <input checked="" type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE |
| <input type="checkbox"/> 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE            |
| <input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE            |

|               |               |               |
|---------------|---------------|---------------|
| TEST 1  0.102 | TEST 2  0.101 | TEST 3  0.099 |
|---------------|---------------|---------------|

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) 1 | (.10-.14) 3 | (.15-.19) 2 | (OVER .19) |
|----------|---------|-------------|-------------|-------------|------------|

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).

No additional comments

|  |                                    |
|--|------------------------------------|
| <b>INSPECTING OFFICER</b>                                  |                                    |
| SIGNATURE<br>  | PRINT NAME<br>Ryan Hutton          |
| TYPE II PERMIT NUMBER/EXPIRATION DATE<br>220178 07/12/2024 | TELEPHONE NUMBER<br>(573) 592-2716 |

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

111321

AS IV Serial no: 111321  
Version no: 532B

TEST RECORD 00786

Temp Date Time 210L  
s/

Air Blank:  
09/08/22 13:52 .000  
Calibration Check:  
20 09/08/22 13:52 .102

Subject Name

MR

Subject I.D.

MR

Operator Name, I.D.

RYAN HUTTON 220178

Location

ACADEMY

AS IV Serial no: 111321  
Version no: 532B

TEST RECORD 00789

Temp Date Time 210L  
s/

VOID: RFI  
12 09/08/22 13:58

Subject Name

MR

Subject I.D.

MR

Operator Name, I.D.

RYAN HUTTON 220178

Location

ACADEMY

AS IV Serial no: 111321  
Version no: 532B

TEST RECORD 00787

Temp Date Time 210L  
s/

Air Blank:  
09/08/22 13:54 .000  
Calibration Check:  
21 09/08/22 13:54 .101

Subject Name

MR

Subject I.D.

MR

Operator Name, I.D.

RYAN HUTTON 220178

Location

ACADEMY

AS IV Serial no: 111321  
Version no: 532B

TEST RECORD 00788

Temp Date Time 210L  
s/

Air Blank:  
09/08/22 13:56 .000  
Calibration Check:  
22 09/08/22 13:56 .099

Subject Name

MR

Subject I.D.

MR

Operator Name, I.D.

RYAN HUTTON 220178

Location

MSDP ACADEMY



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

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**PERMIT**  
**TYPE II**  
**RYAN L. HUTTON**

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 7/12/2022

NUMBER 220178

EXPIRES 7/12/2024

*Mike Massman*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Paula 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 HUTTON, RYAN  
 Permit No 220178  
 Date Issued 7/12/2022 Date Expires 7/12/2024

