



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 111330	NAME OF AGENCY Missouri State Highway Patrol	DATE OF INSPECTION 09/08/2022
LOCATION OF INSTRUMENT (STREET AND CITY) 1510 E. Elm Street Jefferson City MO 65102		TIME OF INSPECTION 2:02 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>
<input checked="" type="checkbox"/> 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 0.101	TEST 2 0.101	TEST 3 0.101
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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	(0-.04)	0	(.05-.09)	0	(.10-.14)	0	(.15-.19)	0	(OVER .19)	0
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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).

No additional comments

INSPECTING OFFICER

SIGNATURE 	PRINT NAME Ryan Hutton
TYPE II PERMIT NUMBER/EXPIRATION DATE 220178 7/12/2024	TELEPHONE NUMBER (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.

AS IV Serial no: 111330
Version no: 532B

TEST RECORD 00785

Temp Date Time 210L

VOID: RFI
12 09/07/22 14:14

Subject Name

MR

Subject I.D.

MR

Operator Name, I.D.

RYAN HUTTON 220178

Location

MSAP ACADEMY

AS IV Serial no: 111330
Version no: 532B

TEST RECORD 00784

Temp Date Time 210L

Air Blank:
09/07/22 14:13 .000
Calibration Check:
22 09/07/22 14:13 .101

Subject Name

MR

Subject I.D.

MR

Operator Name, I.D.

RYAN HUTTON 220178

Location

MSAP ACADEMY

AS IV Serial no: 111330
Version no: 532B

TEST RECORD 00781

Temp Date Time 210L

Air Blank:
09/07/22 14:05 .000
Calibration Check:
20 09/07/22 14:05 .101

Subject Name

MR

Subject I.D.

MR

Operator Name, I.D.

RYAN HUTTON 220178

Location

ACADEMY

AS IV Serial no: 111330
Version no: 532B

TEST RECORD 00783

Temp Date Time 210L

Air Blank:
09/07/22 14:11 .000
Calibration Check:
22 09/07/22 14:11 .101

Subject Name

MR

Subject I.D.

MR

Operator Name, I.D.

RYAN HUTTON 220178

Location

ACADEMY



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

2

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 Massim

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Dave J. Nicholson

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (5-10)

I AB-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 HUTTON, RYAN
Permit No 220178
Date Issued 7/12/2022 Date Expires 7/12/2024

