



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 111629	NAME OF AGENCY University of Missouri Police Department	DATE OF INSPECTION 12/06/2022
LOCATION OF INSTRUMENT (STREET AND CITY) 901 Virginia Avenue, Columbia, MO 65211		TIME OF INSPECTION 4:26 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

SIMULATOR SOLUTION

COMPRESSED ETHANOL-GAS MIXTURE

STANDARD SUPPLIER Intoximeters LOT # AG211002 EXP. DATE 04/20/2024

SIMULATOR TEMPERATURE (34°C ± 0.2°C) SIM. SN SIM. NIST 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 ← .084	TEST 2 ← .083	TEST 3 ← .082
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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)	2	(.15-.19)	1	(OVER .19)	2
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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).

Instrument operating per Department of Health and Senior Services standards.

INSPECTING OFFICER

SIGNATURE 	PRINT NAME Kevin Stroer
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TYPE II PERMIT NUMBER/EXPIRATION DATE #220139 / Expires 05/11/2024	TELEPHONE NUMBER (573) 882-7202
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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: 111629
Version no: 532B

TEST RECORD 01318

Temp Date Time 21⁹/_{OL}

Air Blank:
12/06/22 04:26 .000
Calibration Check:
18 12/06/22 04:26 .084

Subject Name
Monthly Test
Subject I.D.

1
Operator Name, I.D.
Kevin J. Strayer

Permit # 220139
Location
901 Virginia Avenue,
Columbia, MO 65211

AS IV Serial no: 111629
Version no: 532B

TEST RECORD 01319

Temp Date Time 21⁹/_{OL}

Air Blank:
12/06/22 04:31 .000
Calibration Check:
19 12/06/22 04:31 .083

Subject Name
Monthly Test
Subject I.D.

2
Operator Name, I.D.
Kevin J. Strayer

Permit # 220139
Location
901 Virginia Avenue,
Columbia, MO 65211

AS IV Serial no: 111629
Version no: 532B

TEST RECORD 01320

Temp Date Time 21⁹/_{OL}

Air Blank:
12/06/22 04:40 .000
Calibration Check:
20 12/06/22 04:40 .082

Subject Name
Monthly Test
Subject I.D.

3
Operator Name, I.D.
Kevin J. Strayer

Permit # 220139
Location
901 Virginia Avenue,
Columbia, MO 65211

AS IV Serial no: 111629
Version no: 532B

TEST RECORD 01321

Temp Date Time 21⁹/_{OL}

VOID: RF!
12 12/06/22 04:43

Subject Name
Monthly Test
Subject I.D.

VOID REI

Operator Name, I.D.
Kevin J. Strayer

Permit # 220139
Location
901 Virginia Avenue,
Columbia, MO 65211



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

2

PERMIT
TYPE II
KEVIN STROER

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 5/11/2022

Laura P. Way

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 220139

EXPIRES 5/11/2024

David J. Nicholson

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 STROER, KEVIN
 Permit No 220139
 Date issued 5/11/2022 Date Expires 5/11/2024

