

**RECEIVED**

By Brianna Medrano at 1:29 pm, Jan 24, 2022



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 111637	NAME OF AGENCY Gasconade County Sheriff's Office	DATE OF INSPECTION 01/21/2022
LOCATION OF INSTRUMENT (STREET AND CITY) 1951 South Highway 19 Hermann, Mo 65041		TIME OF INSPECTION 12:18 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 # AG118903 EXP. DATE 07/08/2023

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 .100

TEST 2 .100

TEST 3 .100

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).

Switched standard solution from wetbath to drygas. Performed a calibration on the dry gas standard. Completed regular maintenance tests following the calibration.

**INSPECTING OFFICER**

SIGNATURE

PRINT NAME  
Lynde Mantels

TYPE II PERMIT NUMBER/EXPIRATION DATE  
210070/4-6-2023

TELEPHONE NUMBER  
(573) 486-2424

**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: 111637  
Version no: 532B

TEST RECORD 00156

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

Air Blank:  
01/21/22 12:18 .000  
Calibration Check:  
25 01/21/22 12:18 .100

Subject Name

Calibration

Subject I.D.

Dry Gas

Operator Name, I.D.

L. Martels 1505

Location

195 S. Hwy 19

Hermann, MO 65041

AS IV Serial no: 111637  
Version no: 532B

TEST RECORD 00157

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

Air Blank:  
01/21/22 12:24 .000  
Calibration Check:  
26 01/21/22 12:24 .100

Subject Name

Accuracy check

Subject I.D.

following calibration

Operator Name, I.D.

L. Martels 1505

Location

1951 S. Hwy 19

Hermann, MO 65041

AS IV Serial no: 111637  
Version no: 532B

TEST RECORD 00158

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

Air Blank:  
01/21/22 12:27 .000  
Calibration Check:  
26 01/21/22 12:27 .100

Subject Name

Maintenance Test

Subject I.D.

Test # 1

Operator Name, I.D.

L. Martels 1505

Location

S. Hwy 19 (1951)

Hermann, MO 65041

AS IV Serial no: 111637  
Version no: 532B

TEST RECORD 00159

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

Air Blank:  
01/21/22 12:30 .000  
Calibration Check:  
27 01/21/22 12:30 .100

Subject Name

Maintenance Test

Subject I.D.

Test # 2

Operator Name, I.D.

L. Martels 1505

Location

1951 S. Hwy 19

Hermann, MO 65041

AS IV Serial no: 111637  
Version no: 532B

TEST RECORD 00160

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

Air Blank:  
01/21/22 12:31 .000  
Calibration Check:  
27 01/21/22 12:31 .100

Subject Name

Maintenance Test

Subject I.D.

Test # 3

Operator Name, I.D.

L. Martels 1505

Location

1951 S. Hwy 19

Hermann, MO 65041

AS IV Serial no: 111637  
Version no: 532B

TEST RECORD 00161

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

VOID: RFI  
12 01/21/22 12:32

Subject Name

Maintenance Test

Subject I.D.

RFI Test

Operator Name, I.D.

L. Martels 1505

Location

1951 S. Hwy 19

Hermann, MO 65041





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



**PERMIT  
 TYPE II**

**LYNDE MANTELS II**

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 210070

EXPIRES 4/6/2023

MO 580-0771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-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** MANTELS II, LYNDE  
**Permit No** 210070  
**Date Issued** 4/6/2021    **Date Expires** 4/6/2023