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By Tracy Crews at 12:59 pm, Jul 08, 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 07/07/2022
LOCATION OF INSTRUMENT (STREET AND CITY) 1951 South Highway 19 Hermann, Mo 65041		TIME OF INSPECTION 3:09 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.

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 \blacktriangleleft .99

TEST 2 \blacktriangleleft .98

TEST 3 \blacktriangleleft .97

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).
adjusted time from 15:23 to 15:28

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 00185

Temp	Date	Time	9/ 210L
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Air Blank:
07/07/22 15:31 .000
Calibration Check:
23 07/07/22 15:31 .098

Subject Name

Maintenance Test

Subject I.D.

Test # 2

Operator Name, I.D.

L. Mantels #1505

Location

1951 S. Hwy 19

Hermann, MO 65041

AS IV Serial no: 111637
Version no: 532B

TEST RECORD 00186

Temp	Date	Time	9/ 210L
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Air Blank:
07/07/22 15:33 .000
Calibration Check:
24 07/07/22 15:33 .097

Subject Name

Maintenance Test

Subject I.D.

Test # 3

Operator Name, I.D.

L. Mantels #1505

Location

1951 S. Hwy 19

Hermann, MO 65041

AS IV Serial no: 111637
Version no: 532B

TEST RECORD 00184

Temp	Date	Time	9/ 210L
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Air Blank:
07/07/22 15:29 .000
Calibration Check:
22 07/07/22 15:29 .099

Subject Name

Maintenance Test

Subject I.D.

Test # 1

Operator Name, I.D.

L. Mantels #1505

Location

1951 S. Hwy 19

Hermann, MO 65041

AS IV Serial no: 111637
Version no: 532B

TEST RECORD 00187

Temp	Date	Time	9/ 210L
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VOID: RFI
12 07/07/22 15:34

Subject Name

Maintenance Test

Subject I.D.

RFI Test

Operator Name, I.D.

L. Mantels #1505

Location

1951 S. Hwy 19

Hermann, MO 65041



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

2

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**

