



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 09/19/2022
LOCATION OF INSTRUMENT (STREET AND CITY) 119 E. 1ST Street Hermann, Mo 65041		TIME OF INSPECTION 2:09 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**

<input type="checkbox"/> SIMULATOR SOLUTION	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>Intoximeters</u>	LOT # <u>AG118903</u> EXP. DATE <u>07/08/2023</u>
<input type="checkbox"/> 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  .099	TEST 3  .098
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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-.04)	(.05-.09)	(.10-.14)	(.15-.19)	(OVER .19)
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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).

**INSPECTING OFFICER**

SIGNATURE 	PRINT NAME Dustin Toelke
TYPE II PERMIT NUMBER/EXPIRATION DATE 220172 06/24/2024	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 - REPRINT

TEST RECORD 00197

Temp	Date	Time	%	210L
Air Blank:	09/19/22	02:19	.000	
Calibration Check:	20 09/19/22	02:19	.100	

Air Blank:  
09/19/22 02:19 .000  
Calibration Check:  
20 09/19/22 02:19 .100

Subject Name

TEST 1

Subject I.D.

TEST 1

Operator Name, I.D.

DUSTIN TOEIKE 220172

Location

119 E. 1st street

Hermann, MO 65041

AS IV Serial no: 111637  
Version no: 532B

TEST RECORD 00198

Temp	Date	Time	%	210L
Air Blank:	09/19/22	02:37	.000	
Calibration Check:	22 09/19/22	02:37	.099	

Air Blank:  
09/19/22 02:37 .000  
Calibration Check:  
22 09/19/22 02:37 .099

Subject Name

TEST 2

Subject I.D.

TEST 2

Operator Name, I.D.

DUSTIN TOEIKE 220172

Location

119 E. 1st street

Hermann, MO 65041

AS IV Serial no: 111637  
Version no: 532B

TEST RECORD 00199

Temp	Date	Time	%	210L
Air Blank:	09/19/22	02:40	.000	
Calibration Check:	23 09/19/22	02:40	.099	

Air Blank:  
09/19/22 02:40 .000  
Calibration Check:  
23 09/19/22 02:40 .099

Subject Name

TEST 3

Subject I.D.

TEST 3

Operator Name, I.D.

DUSTIN TOEIKE 220172

Location

119 E. 1st street

Hermann, MO 65041

AS IV Serial no: 111637  
Version no: 532B

TEST RECORD 00200

Temp	Date	Time	%	210L
VOID: REF	12 09/19/22	02:42		

VOID: REF  
12 09/19/22 02:42

Subject Name

TEST REF

Subject I.D.

TEST REF

Operator Name, I.D.

DUSTIN TOEIKE 220172

Location

119 E. 1st street

Hermann, MO 65041



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



**PERMIT**  
**TYPE II**  
**DUSTIN TOELKE**

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 6/24/2022

NUMBER 220172

EXPIRES 6/24/2024

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

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** TOELKE, DUSTIN  
**Permit No** 220172  
**Date Issued** 6/24/2022    **Date Expires** 6/24/2024