



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 STATE PUBLIC HEALTH LABORATORY
ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

RECEIVED
 BY: [Name] DATE: 07/03/2022

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 111647	NAME OF AGENCY Normandy Police Department	DATE OF INSPECTION 07/03/2022
LOCATION OF INSTRUMENT (STREET AND CITY) 7700 Natural Bridge Road, Normandy		TIME OF INSPECTION 12:05 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 Airgas LOT # AG127802 EXP. DATE 10/05/2023

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 • .081

TEST 2 • .081

TEST 3 • .081

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)
----------	---------	-----------	-----------	-----------	------------

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
 P.O. Thomas Moore

TYPE II PERMIT NUMBER/EXPIRATION DATE
 200200 / 07-08-2022

TELEPHONE NUMBER
 (314) 385-3300

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: 111647
Version no: 532B

TEST RECORD 00379

Temp Date Time ^{s/} 210L

Air Blank:
07/03/22 00:05 .000
Calibration Check:
22 07/03/22 00:05 .001

Subject Name

BAC MAINT

Subject I.D.

Operator Name, I.D.

MOORE 325 200200

Location

7700 NATURAL BR RD, NORMAN, OK

AS IV Serial no: 111647
Version no: 532B

TEST RECORD 00380

Temp Date Time ^{s/} 210L

Air Blank:
07/03/22 00:07 .000
Subject Test: Man
22 07/03/22 00:07 .081

Subject Name

BAC MAINT

Subject I.D.

Operator Name, I.D.

MOORE 325 200200

Location

7700 NATURAL BR RD, NORMAN, OK

AS IV Serial no: 111647
Version no: 532B

TEST RECORD 00381

Temp Date Time ^{s/} 210L

Air Blank:
07/03/22 00:08 .000
Subject Test: Man
22 07/03/22 00:08 .081

Subject Name

BAC MAINT

Subject I.D.

Operator Name, I.D.

MOORE 325 200200

Location

7700 NATURAL BR RD, NORMAN, OK

AS IV Serial no: 111647
Version no: 532B

TEST RECORD 00392

Temp Date Time ^{s/} 210L

VOID: RTI
12 07/03/22 00:09

Subject Name

BAC MAINT

Subject I.D.

Operator Name, I.D.

MOORE 325 200200

Location

7700 NATURAL BR RD, NORMAN, OK



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



**PERMIT
TYPE II**

THOMAS M. MOORE

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 7/8/2020

NUMBER 200200

EXPIRES 7/8/2022

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

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 **MOORE, THOMAS**
Permit No **200200**
Date Issued **7/8/2020** Date Expires **7/8/2022**

