



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 097401	NAME OF AGENCY MISSOURI STATE HIGHWAY PATROL	DATE OF INSPECTION 07/01/2024
LOCATION OF INSTRUMENT (STREET AND CITY) 1000 CITY PKWY, OSAGE BEACH, MISSOURI 65065		TIME OF INSPECTION 8:55 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 GUTH LABORATORIES, INC. LOT # 23180 EXP. DATE 05/17/2025
- SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.00 SIM. SN MP2315 SIM. NIST EXP DATE 11/20/2024

- 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 ← .101	TEST 3 ← .100
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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) 1	(.10-.14) 1	(.15-.19)	(OVER .19) 1
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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 TYLER R. ROSA
TYPE II PERMIT NUMBER/EXPIRATION DATE 230121 / 06/07/2025	TELEPHONE NUMBER (573) 751-1000

**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: 097401  
Version no: 532B

TEST RECORD 00742

Temp Date Time <sup>9/</sup> 210L

Air Blank:  
07/01/24 09:00 .000  
Calibration Check:  
20 07/01/24 09:00 .100

Subject Name

Acc1

Subject I.D.

Acc1

Operator Name, I.D.  
#95

Rosa #95 230121

Location

Zarell office

AS IV Serial no: 097401  
Version no: 532B

TEST RECORD 00743

Temp Date Time <sup>9/</sup> 210L

Air Blank:  
07/01/24 09:05 .000  
Calibration Check:  
21 07/01/24 09:05 .101

Subject Name

Acc2

Subject I.D.

Acc2

Operator Name, I.D.  
#95

Rosa #95 230121

Location

Zarell office

AS IV Serial no: 097401  
Version no: 532B

TEST RECORD 00744

Temp Date Time <sup>9/</sup> 210L

Air Blank:  
07/01/24 09:09 .000  
Calibration Check:  
22 07/01/24 09:09 .100

Subject Name

Acc3

Subject I.D.

Acc3

Operator Name, I.D.  
#515

Rosa #515 230121

Location

Zarell office

AS IV Serial no: 097401  
Version no: 532B

TEST RECORD 00745

Temp Date Time <sup>9/</sup> 210L

VOID: RFI  
12 07/01/24 09:10

Subject Name

RFI Check

Subject I.D.

RFI Check

Operator Name, I.D.

Rosa #515 230121

Location

Zarell office



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



**PERMIT**  
**TYPE II**  
**TYLER ROSA**

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 6/7/2023

NUMBER 230121

EXPIRES 6/7/2025

*Mike Massman*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Paula 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** ROSA, TYLER  
**Permit No** 230121  
**Date Issued** 6/7/2023 **Date Expires** 6/7/2025

