



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

RECEIVED
 By Tracy Crews at 8:09 am, May 20, 2024

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 097416	NAME OF AGENCY Greene County Sheriff's Office	DATE OF INSPECTION 05/02/2024
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LOCATION OF INSTRUMENT (STREET AND CITY) 5100 West Division St, Springfield, MO 65803	TIME OF INSPECTION 10:28 am
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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 # AG306807 EXP. DATE 03/09/2025

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 .098

TEST 3 .097

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 Colton Pendergrass
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TYPE II PERMIT NUMBER/EXPIRATION DATE 240081 - 04/02/2026	TELEPHONE NUMBER (417) 868-4040
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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: 097416
Version no: 532B

TEST RECORD 01064

Temp Date Time ^{s/} 210L

Air Blank:
05/02/24 10:28 .000
Calibration Check:
22 05/02/24 10:28 .100

Subject Name

Test 1

Subject I.D.

Operator Name, I.D.

C. Pendergrass 240081

Location

AS IV Serial no: 097416
Version no: 532B

TEST RECORD 01065

Temp Date Time ^{s/} 210L

Air Blank:
05/02/24 10:30 .000
Calibration Check:
23 05/02/24 10:30 .098

Subject Name

Test 2

Subject I.D.

Operator Name, I.D.

C. Pendergrass 240081

Location

AS IV Serial no: 097416
Version no: 532B

TEST RECORD 01066

Temp Date Time ^{s/} 210L

Air Blank:
05/02/24 10:32 .000
Calibration Check:
24 05/02/24 10:32 .097

Subject Name

Test 3

Subject I.D.

Operator Name, I.D.

C. Pendergrass 240081

Location

AS IV Serial no: 097416
Version no: 532B

TEST RECORD 01068

Temp Date Time ^{s/} 210L

Air Blank:
05/02/24 10:35 .000
Subject Test: Auto
24 05/02/24 10:35 .000

Subject Name

Test 5 - Sober

Subject I.D.

Operator Name, I.D.

C. Pendergrass 240081

Location

AS IV Serial no: 097416
Version no: 532B

TEST RECORD 01067

Temp Date Time ^{s/} 210L

VOID: RFI
12 05/02/24 10:34

Subject Name

Test 4 - RFI

Subject I.D.

Operator Name, I.D.

C. Pendergrass 240081

Location



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

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PERMIT
TYPE II
COLTON PENDERGRASS

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 EC/IR II

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 4/2/2024

NUMBER 240081

EXPIRES 4/2/2026

Mike Massum

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Dave J. Nielson

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 PENDERGRASS, COLTON
Permit No 240081
Date Issued 4/2/2024 **Date Expires** 4/2/2026

