



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

RECEIVED
 By Tracy Crews at 7:25 am, Jun 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 102473	NAME OF AGENCY Greene County Sheriff's Office	DATE OF INSPECTION 06/04/2024
LOCATION OF INSTRUMENT (STREET AND CITY) 5100 W Division St, Springfield Mo		TIME OF INSPECTION 12:30

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 type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>Intoximeters</u>	LOT # <u>AG306807</u> EXP. DATE <u>03/09/2025</u>

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 .097	TEST 2 .097	TEST 3 .096
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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 Colton Pendergrass
TYPE II PERMIT NUMBER/EXPIRATION DATE 240081 / 04/02/2026	TELEPHONE NUMBER (417) 868-4040

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: 102473
Version no: 532B

TEST RECORD 02093

Temp	Date	Time	g/ 210L
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Air Blank:
06/04/24 12:30 .000
Calibration Check:
20 06/04/24 12:30 .097

Subject Name

Test-1

Subject I.D.

Operator Name, I.D.

Pendergrass-240081

Location

GCSO

AS IV Serial no: 102473
Version no: 532B

TEST RECORD 02094

Temp	Date	Time	g/ 210L
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Air Blank:
06/04/24 12:32 .000
Calibration Check:
20 06/04/24 12:32 .097

Subject Name

Test-2

Subject I.D.

Operator Name, I.D.

Pendergrass-240081

Location

GCSO

AS IV Serial no: 102473
Version no: 532B

TEST RECORD 02095

Temp	Date	Time	g/ 210L
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Air Blank:
06/04/24 12:34 .000
Calibration Check:
21 06/04/24 12:34 .096

Subject Name

Test-3

Subject I.D.

Operator Name, I.D.

Pendergrass-240081

Location

GCSO

AS IV Serial no: 102473
Version no: 532B

TEST RECORD 02096

Temp	Date	Time	g/ 210L
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UCID: RFI
12 06/04/24 12:35

Subject Name

Test-4

Subject I.D.

Operator Name, I.D.

Pendergrass-240081

Location

GCSO

AS IV Serial no: 102473
Version no: 532B

TEST RECORD 02097

Temp	Date	Time	g/ 210L
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Air Blank:
06/04/24 12:36 .000
Subject Test: Auto
21 06/04/24 12:36 .000

Subject Name

Test-5 Sober

Subject I.D.

Operator Name, I.D.

Pendergrass-240081

Location

GCSO



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

Mike Mason

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 240081

Paula F. Nielsen

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

EXPIRES 4/2/2026

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

