



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
STATE PUBLIC HEALTH LABORATORY

**ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT**

REPORT #7

**RECEIVED**

*By Tracy Crews at 1:17 pm, Aug 13, 2024*

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 104641	NAME OF AGENCY O'Fallon PD	DATE OF INSPECTION 8-2-2024
LOCATION OF INSTRUMENT (STREET AND CITY) 1019 Bryan Road, O'Fallon, MO		TIME OF INSPECTION 2352

**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.

<input checked="" type="checkbox"/> DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)
<input checked="" type="checkbox"/> TEMPERATURE OF ALCO SENSOR (10°C - 40°C)
<input checked="" type="checkbox"/> PRINTER WORKING PROPERLY
<input checked="" type="checkbox"/> 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, Inc.</u>	LOT # <u>AG310305</u> EXP. DATE <u>04-13-2025</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)

<input type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE
<input checked="" type="checkbox"/> 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE
<input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE

TEST 1 ← <b>.078</b>	TEST 2 ← <b>.078</b>	TEST 3 ← <b>.077</b>
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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 <b>0</b>	(0-.04) <b>1</b>	(.05-.09) <b>1</b>	(.10-.14) <b>2</b>	(.15-.19) <b>0</b>	(OVER .19) <b>0</b>
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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).

N/A

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<b>INSPECTING OFFICER</b>	
SIGNATURE 	PRINT NAME <b>Chris Sinnokrak</b>
TYPE II PERMIT NUMBER/EXPIRATION DATE <b>240006 / 1-8-2026</b>	TELEPHONE NUMBER <b>(636 )240-3200</b>

**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: 104641  
Version no: 532B

TEST RECORD 01533

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

Air Blank:  
08/02/24 23:54 .000  
Calibration Check:  
24 08/02/24 23:54 .078

Subject Name

TEST 1

Subject I.D.

S

Operator Name, I.D.

SUNNOKRAC 334  
Location

AS IV Serial no: 104641  
Version no: 532B

TEST RECORD 01534

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

Air Blank:  
08/02/24 23:56 .000  
Calibration Check:  
25 08/02/24 23:56 .078

Subject Name

TEST 2

Subject I.D.

Operator Name, I.D.

SUNNOKRAC 334  
Location

AS IV Serial no: 104641  
Version no: 532B

TEST RECORD 01535

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

Air Blank:  
08/02/24 23:58 .000  
Calibration Check:  
26 08/02/24 23:58 .077

Subject Name

TEST 3

Subject I.D.

Operator Name, I.D.

SUNNOKRAC 334  
Location

AS IV Serial no: 104641  
Version no: 532B

TEST RECORD 01536

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

VOID: RFI  
12 08/02/24 23:59

Subject Name

RFI

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 104641  
Version no: 532B

TEST RECORD 01537

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

Air Blank:  
08/03/24 00:02 .000  
Subject Test: Auto  
26 08/03/24 00:02 .000

Subject Name

SUNNOKRAC 334

Subject I.D.

Operator Name, I.D.

Location





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



**PERMIT**  
**TYPE II**  
**CHRIS SINNOKRAK**

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 1/8/2024

NUMBER 240006

EXPIRES 1/8/2026

*Mike Mason*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*David 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** SINNOKRAK, CHRIS  
**Permit No** 240006  
**Date Issued** 1/8/2024 **Date Expires** 1/8/2026

