



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 104642	NAME OF AGENCY O'Fallon PD	DATE OF INSPECTION 5-7-2024
LOCATION OF INSTRUMENT (STREET AND CITY) 1019 Bryan Road, O'Fallon, MO		TIME OF INSPECTION 1900

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, Inc. LOT # AG310305 EXP. DATE 04-13-2025

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 ← .077	TEST 2 ← .077	TEST 3 ← .076
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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	(0-.04) 0	(.05-.09) 2	(.10-.14) 0	(.15-.19) 0	(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).

N/A

INSPECTING OFFICER

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

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: 104642
Version no: 532B

TEST RECORD 01167

Temp	Date	Time	g/210L
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Air Blank:
05/07/24 19:04 .000
Calibration Check:
22 05/07/24 19:04 .077

Subject Name

TEST 1

Subject I.D.

Operator Name, I.D.

SINNOIKRAK 334

Location

AS IV Serial no: 104642
Version no: 532B

TEST RECORD 01168

Temp	Date	Time	g/210L
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Air Blank:
05/07/24 19:06 .000
Calibration Check:
23 05/07/24 19:06 .077

Subject Name

TEST 2

Subject I.D.

Operator Name, I.D.

SINNOIKRAK 334

Location

AS IV Serial no: 104642
Version no: 532B

TEST RECORD 01170

Temp	Date	Time	g/210L
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Air Blank:
05/07/24 19:10 .000
Calibration Check:
24 05/07/24 19:10 .076

Subject Name

TEST 3

Subject I.D.

Operator Name, I.D.

SINNOIKRAK 334

Location

AS IV Serial no: 104642
Version no: 532B

TEST RECORD 01171

Temp	Date	Time	g/210L
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VOID: RFI
12 05/07/24 19:12

Subject Name

RFI

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 104642
Version no: 532B

TEST RECORD 01172

Temp	Date	Time	g/210L
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Air Blank:
05/07/24 19:13 .000
Subject Test: Auto
25 05/07/24 19:13 .000

Subject Name

SUPER TEST

Subject I.D.

Operator Name, I.D.

Location



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

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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

Paula 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

