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By Tracy Crews at 9:12 am, Jun 10, 2024



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 6-5-2024
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LOCATION OF INSTRUMENT (STREET AND CITY) 1019 Bryan Road, O'Fallon, MO	TIME OF INSPECTION 1809
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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, 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 ← .078 TEST 2 ← .077 TEST 3 ← .077

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) 0 (.10-.14) 0 (.15-.19) 0 (OVER .19) 0

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 - REPRINT

TEST RECORD 01173

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

Air Blank:  
06/05/24 18:12 .000  
Calibration Check:  
22 06/05/24 18:12 .078

Subject Name  
*TEST 1*

Subject I.D.

Operator Name, I.D.  
*SINNOKPAK 334*  
Location

AS IV Serial no: 104642  
Version no: 532B

TEST RECORD 01174

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

Air Blank:  
06/05/24 18:20 .000  
Calibration Check:  
23 06/05/24 18:20 .077

Subject Name  
*TEST 2*

Subject I.D.

Operator Name, I.D.  
*SINNOKPAK 334*  
Location

AS IV Serial no: 104642  
Version no: 532B

TEST RECORD 01175

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

Air Blank:  
06/05/24 18:22 .000  
Calibration Check:  
24 06/05/24 18:22 .077

Subject Name  
*TEST 3*

Subject I.D.

Operator Name, I.D.  
*SINNOKPAK 334*  
Location

AS IV Serial no: 104642  
Version no: 532B

TEST RECORD 01176

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

VOID: RFI  
12 06/05/24 18:24

Subject Name  
*RFI*

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 104642  
Version no: 532B

TEST RECORD 01177

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

Air Blank:  
06/05/24 18:25 .000  
Subject Test: Auto  
25 06/05/24 18:25 .000

Subject Name  
*SOBER TEST*  
Subject I.D.

Operator Name, I.D.

Location





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

2

**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. Nielsen*

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

