



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 104658	NAME OF AGENCY Missouri State Highway Patrol	DATE OF INSPECTION 08/30/2024
LOCATION OF INSTRUMENT (STREET AND CITY) 3101 Miller Street, Bethany, MO, 64424		TIME OF INSPECTION 12:30 pm

**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 Guth LOT # 23180 EXP. DATE 05/17/2025
- SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0 SIM. SN MP2502 SIM. NIST EXP DATE 01/31/2025

- 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 ← .098	TEST 2 ← .098	TEST 3 ← .098
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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)	0	(.10-.14)	1	(.15-.19)	0	(OVER .19)	0
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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 Michael J. Miller
TYPE II PERMIT NUMBER/EXPIRATION DATE 220258 11/17/2024	TELEPHONE NUMBER (816) 387-2345

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: 104658  
Version no: 532B

TEST RECORD 00449

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

Air Blank:  
08/30/24 12:36 .000  
Calibration Check:  
20 08/30/24 12:36 .098

Subject Name

MAINTENANCE #1  
Subject I.D.

N/A

Operator Name, I.D.

M. J. MILLER #1418  
Location

3101 MILLER STREET

BETHANY, MD, 64424

AS IV Serial no: 104658  
Version no: 532B

TEST RECORD 00450

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

Air Blank:  
08/30/24 12:38 .000  
Calibration Check:  
21 08/30/24 12:38 .098

Subject Name

MAINTENANCE #1  
Subject I.D.

N/A

Operator Name, I.D.

M. J. MILLER #1418  
Location

3101 MILLER STREET

BETHANY, MD, 64424

AS IV Serial no: 104658  
Version no: 532B

TEST RECORD 00451

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

Air Blank:  
08/30/24 12:40 .000  
Calibration Check:  
21 08/30/24 12:40 .098

Subject Name

MAINTENANCE #3  
Subject I.D.

N/A

Operator Name, I.D.

M. J. MILLER #1418  
Location

3101 MILLER STREET

BETHANY, MD, 64424

AS IV Serial no: 104658  
Version no: 532B

TEST RECORD 00452

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

VOID: REF  
12 08/30/24 12:42

Subject Name

MAINTENANCE REF  
Subject I.D.

N/A

Operator Name, I.D.

M. J. MILLER #1418  
Location

3101 MILLER STREET

BETHANY, MD, 64424

*M. J. Miller*



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

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**PERMIT**  
**TYPE II**  
**MICHAEL J. MILLER**

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 DMT**

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 11/17/2022

*Mike Mason*  
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DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 220258

EXPIRES 11/17/2024

*Paula J. Nicholson*  
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DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (5-10)

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 MILLER, MICHAEL  
Permit No 220258  
Date Issued 11/17/2022 Date Expires 11/17/2024

