



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

**RECEIVED**  
By Tracy Crews at 10:03 am, May 06, 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 <u>105444</u>	PRINTER SN <u>096.3580.865</u>	DATE OF INSPECTION <u>4-19-24</u>
LOCATION OF INSTRUMENT (STREET AND CITY) <u>210 S. Clarke Ave. Clever, MO 65031, (Clever P.D.)</u>		TIME OF INSPECTION <u>0111</u>

**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 LAB LOT # 23390 EXP. DATE 10/17/25

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34°C SIMULATOR SN SD2259 SIMULATOR EXP DATE 1/30/2025

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 .102

TEST 2 .102

TEST 3 .103

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).

Changed time / Also changed battery

**INSPECTING OFFICER**

SIGNATURE

PRINT NAME  
LOREN NYSTROM

TYPE II PERMIT NUMBER/EXPIRATION DATE  
230287 - 12/6/2025

TELEPHONE NUMBER  
417 720-5353

**Return completed report to the:** Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office  
2875 James Boulevard  
Poplar Bluff, MO 63901

AS IV Serial no: 105444  
Version no: 532B

TEST RECORD 00899

Temp Date Time 210L

Air Blank:  
04/19/24 01:19 .000  
Calibration Check:  
26 04/19/24 01:19 .102

Subject Name

Test

Subject I.D.

#1

Operator Name, I.D.

L. Mstrom 803

Location

Clever P.D. Patrol Room

AS IV Serial no: 105444  
Version no: 532B

TEST RECORD 00900

Temp Date Time 210L

Air Blank:  
04/19/24 01:22 .000  
Calibration Check:  
27 04/19/24 01:22 .102

Subject Name

test

Subject I.D.

#2

Operator Name, I.D.

L. Mstrom 803

Location

Clever P.D. Patrol Room

AS IV Serial no: 105444  
Version no: 532B

TEST RECORD 00901

Temp Date Time 210L

Air Blank:  
04/19/24 01:24 .000  
Calibration Check:  
27 04/19/24 01:24 .103

Subject Name

Test

Subject I.D.

#3

Operator Name, I.D.

L. Mstrom 803

Location

Clever P.D. Patrol Room

AS IV Serial no: 105444  
Version no: 532B

TEST RECORD 00902

Temp Date Time 210L

VOID: RFI  
12 04/19/24 01:27

Subject Name

Test

Subject I.D.

RFI

Operator Name, I.D.

L. Mstrom 803

Location

Clever P.D. Patrol Room

AS IV Serial no: 105444  
Version no: 532B

TEST RECORD 00903

Temp Date Time 210L

Air Blank:  
04/19/24 01:29 .000  
Calibration Check:  
27 04/19/24 01:29 .000

Subject Name

Test

Subject I.D.

Blank

Operator Name, I.D.

L. Mstrom 803

Location

Clever P.D. Patrol Room



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



**PERMIT**  
**TYPE II**  
**LOREN NYSTROM**

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**

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 12/6/2023

NUMBER 230287

EXPIRES 12/6/2025

*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** NYSTROM, LOREN  
**Permit No** 230287  
**Date Issued** 12/6/2023 **Date Expires** 12/6/2025

