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By Tracy Crews at 3:27 pm, May 06, 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 **107972** NAME OF AGENCY **Boone County Sheriff's Office** DATE OF INSPECTION **05/04/2024**

LOCATION OF INSTRUMENT (STREET AND CITY) **2111 E. County Drive Columbia, MO 65202** TIME OF INSPECTION **0521**

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 LOT # AG309502 EXP. DATE 04/05/2025

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 ← **.096** TEST 2 ← **.096** TEST 3 ← **.095**

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-.04) **0** (.05-.09) **0** (.10-.14) **1** (.15-.19) **2** (OVER .19) **1**

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).

Instrument calibrated. Instrument operating satisfactorily and within established limits.

INSPECTING OFFICER

SIGNATURE *Johnathan Wells* PRINT NAME **Johnathan Wells**

TYPE II PERMIT NUMBER/EXPIRATION DATE **240088 ; 04/02/2023** TELEPHONE NUMBER **673)875-1111**

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: 107972
Version no: 532B

TEST RECORD 01046 s/

Temp Date Time 210L
Air Blank: 05/04/24 05:31 .000
Calibration Check: 25 05/04/24 05:31 .096

Subject Name

MONTHLY MAINTENANCE

Subject I.D.

J. WELL 240088

Operator Name, I.D.

2111 E. County Dr.

Location

AS IV Serial no: 107972
Version no: 532B

TEST RECORD 01047 s/

Temp Date Time 210L
Air Blank: 05/04/24 05:33 .000
Calibration Check: 25 05/04/24 05:33 .096

Subject Name

MONTHLY MAINTENANCE

Subject I.D.

TEST TWO

Operator Name, I.D.

J. WELL 240088

Location

2111 E. County Dr.

AS IV Serial no: 107972
Version no: 532B

TEST RECORD 01048 s/

Temp Date Time 210L
Air Blank: 05/04/24 05:36 .000
Calibration Check: 25 05/04/24 05:36 .095

Subject Name

MONTHLY MAINTENANCE

Subject I.D.

TEST THREE

Operator Name, I.D.

J. WELL 240088

Location

2111 E. County Dr.

AS IV Serial no: 107972
Version no: 532B

TEST RECORD 01049 s/

Temp Date Time 210L
VOID: RFI 12 05/04/24 05:38

Subject Name

MONTHLY MAINTENANCE

Subject I.D.

PFI

Operator Name, I.D.

J. WELL 240088

Location

2111 E. County Dr.



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



PERMIT
TYPE II
JOHNATHAN WELLS

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 4/2/2024

NUMBER 240088

EXPIRES 4/2/2026

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 (RG-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 WELLS, JOHNATHAN
Permit No 240088
Date Issued 4/2/2024 **Date Expires** 4/2/2026

