



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

RECEIVED

By Tracy Crews at 7:54 am, Sep 09, 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 107992	NAME OF AGENCY 099.3586.825	DATE OF INSPECTION 09/07/2024
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LOCATION OF INSTRUMENT (STREET AND CITY) 211 West Broadway Webb City, Missouri 64870	TIME OF INSPECTION 01:10 AM
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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 # 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 ← 0.099	TEST 2 ← 0.100	TEST 3 ← 0.100
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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) 0	(.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 Christopher Shonk
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TYPE II PERMIT NUMBER/EXPIRATION DATE 230130 / 06/26/2025	TELEPHONE NUMBER (417) 673-1911
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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: 107992
Version no: 532B

TEST RECORD 01718

Temp	Date	Time	g/ 210L
Air Blank:			
	09/07/24	01:10	.000
Calibration Check:			
	22 09/07/24	01:10	.099
Subject Name			
TEST #1			
Subject I.D.			
Operator Name, I.D.			
Sgt. C. Shock #230130			
Location			
WCPD			

AS IV Serial no: 107992
Version no: 532B

TEST RECORD 01719

Temp	Date	Time	g/ 210L
Air Blank:			
	09/07/24	01:11	.000
Calibration Check:			
	22 09/07/24	01:11	.100
Subject Name			
TEST #2			
Subject I.D.			
Operator Name, I.D.			
Sgt. C. Shock #230130			
Location			
WCPD			

AS IV Serial no: 107992
Version no: 532B

TEST RECORD 01720

Temp	Date	Time	g/ 210L
Air Blank:			
	09/07/24	01:13	.000
Calibration Check:			
	23 09/07/24	01:13	.100
Subject Name			
TEST #3			
Subject I.D.			
Operator Name, I.D.			
Sgt. C. Shock #230130			
Location			
WCPD			

AS IV Serial no: 107992
Version no: 532B

TEST RECORD 01722

Temp	Date	Time	g/ 210L
Air Blank:			
	09/07/24	01:16	.000
Subject Test: Auto			
	24 09/07/24	01:16	.000
Subject Name			
Sober Sample			
Subject I.D.			
Operator Name, I.D.			
Sgt. C. Shock #230130			
Location			
WCPD			

AS IV Serial no: 107992
Version no: 532B

TEST RECORD 01721

Temp	Date	Time	g/ 210L
VOID: RFI			
	12 09/07/24	01:15	
Subject Name			
RFI CHECK			
Subject I.D.			
Operator Name, I.D.			
Sgt. C. Shock #230130			
Location			
WCPD			



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



PERMIT
TYPE II
CHRISTOPHER SHONK

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, INTOXILYZER 8000

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 6/26/2023

NUMBER 230130

EXPIRES 6/26/2025

Mike Massman

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Dawn J. Nicholson

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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 SHONK, CHRISTOPHER
 Permit No 230130
 Date Issued 6/26/2023 Date Expires 6/26/2025

