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By Tracy Crews at 10:10 am, Jun 04, 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 111331 PRINTER SN 099.3586.576 DATE OF INSPECTION 06-01-24

LOCATION OF INSTRUMENT (STREET AND CITY) 303 E 3rd St Joplin, Mo, 64801 TIME OF INSPECTION 1705

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 # A611003 EXP. DATE 04-20-25

SIMULATOR TEMPERATURE (34°C ± 0.2°C) _____ SIMULATOR SN _____ SIMULATOR 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 = .099 TEST 2 = .108 TEST 3 = .100

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) 2 (.10-.14) 1 (.15-.19) 2 (OVER .19)

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 [Signature]

PRINT NAME H. Hinkie 1082

TYPE II PERMIT NUMBER/EXPIRATION DATE 230262 11/24/25

TELEPHONE NUMBER 417-623-3131, X1435

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: 111334
Version no: 532B

TEST RECORD - REPRINT

TEST RECORD 00563

Temp Date Time ^{9/} 210L

Air Blank:
06/01/24 17:05 .000
Calibration Check:
23 06/01/24 17:05 .099

Subject Name

Test 1

Subject I.D.

Operator Name, I.D.

H. Hinkle 1082

Location

303 E 3rd St

AS IV Serial no: 111334
Version no: 532B

TEST RECORD 00565

Temp Date Time ^{9/} 210L

Air Blank:
06/01/24 17:09 .000
Calibration Check:
25 06/01/24 17:09 .100

Subject Name

Test 3

Subject I.D.

Operator Name, I.D.

H. Hinkle 1082

Location

AS IV Serial no: 111334
Version no: 532B

TEST RECORD 00566

Temp Date Time ^{9/} 210L

VOID: RFI
12 06/01/24 17:10

Subject Name

Test 4

Subject I.D.

Operator Name, I.D.

H. Hinkle 1082

Location

AS IV Serial no: 111334
Version no: 532B

TEST RECORD 00564

Temp Date Time ^{9/} 210L

Air Blank:
06/01/24 17:07 .000
Calibration Check:
24 06/01/24 17:07 .100

Subject Name

Test 7

Subject I.D.

Operator Name, I.D.

H. Hinkle 1082

Location



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



**PERMIT
 TYPE II**

HAYDEN HINKLE

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 11/24/2023

NUMBER 230262

EXPIRES 11/24/2025

Mike Mason

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Paula J. Nickelson

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (RB-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 HINKLE, HAYDEN

Permit No 230262

Date Issued 11/24/2023 Date Expires 11/24/2025

