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By Tracy Crews at 12:25 pm, May 30, 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 111630	NAME OF AGENCY Miller County Sheriff's Office	DATE OF INSPECTION 05/11/2024
LOCATION OF INSTRUMENT (STREET AND CITY) 1999 Hwy 52 Tuscumbia, Missouri 65082		TIME OF INSPECTION 11:07 am

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 # AG231902 EXP. DATE 11/15/2024

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 ← .100

TEST 2 ← .100

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	(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

Corporal Patrick

TYPE II PERMIT NUMBER/EXPIRATION DATE

220136 05/11/2024

TELEPHONE NUMBER

(573) 369-2341

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: 111630
Version no: 532B

TEST RECORD 01088

Temp Date Time ^{s/} 210L

Air Blank:
05/11/24 11:07 .000
Calibration Check:
24 05/11/24 11:07 .100

Subject Name

test # 1

Subject I.D.

Patrick 220136
Operator Name, I.D.

MCSO
Location

AS IV Serial no: 111630
Version no: 532B

TEST RECORD 01089

Temp Date Time ^{s/} 210L

Air Blank:
05/11/24 11:09 .000
Calibration Check:
25 05/11/24 11:09 .100

Subject Name

test # 2

Subject I.D.

Patrick 220136
Operator Name, I.D.

MCSO
Location

AS IV Serial no: 111630
Version no: 532B

TEST RECORD 01090

Temp Date Time ^{s/} 210L

Air Blank:
05/11/24 11:11 .000
Calibration Check:
26 05/11/24 11:11 .100

Subject Name

test # 3

Subject I.D.

Patrick 220136
Operator Name, I.D.

MCSO
Location

AS IV Serial no: 111630
Version no: 532B

TEST RECORD 01091

Temp Date Time ^{s/} 210L

VOID: RFI
12 05/11/24 11:12

Subject Name

RFI test

Subject I.D.

Patrick 220136
Operator Name, I.D.

MCSO
Location

AS IV Serial no: 111630
Version no: 532B

TEST RECORD 01092

Temp Date Time ^{s/} 210L

Air Blank:
05/11/24 11:14 .000
Subject Test: Auto
26 05/11/24 11:14 .000

Subject Name

Blank test

Subject I.D.

Patrick 220136
Operator Name, I.D.

MCSO
Location



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

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PERMIT
TYPE II
SCOTT E. PATRICK

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 5/11/2022

Laura J. Day

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 220136

Daniel J. Nicholson

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

EXPIRES 5/11/2024

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 PATRICK, SCOTT
Permit No 220136
Date Issued 5/11/2022 **Date Expires** 5/11/2024

