



**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 <b>111658</b>	NAME OF AGENCY <b>WAYNE COUNTY SHERIFF OFFICE</b>	DATE OF INSPECTION <b>5-31-24</b>
LOCATION OF INSTRUMENT (STREET AND CITY) <b>125 MAPLE ST GREENVILLE, MO 63944</b>		TIME OF INSPECTION <b>2101</b>

**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 # **A0315201** EXP. DATE **06-01-25**
- 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 = <b>.098</b>	TEST 2 = <b>.097</b>	TEST 3 = <b>.097</b>
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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	1	(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 <b>[Signature]</b>	PRINT NAME <b>DJ ROBINSON</b>
TYPE II PERMIT NUMBER/EXPIRATION DATE <b>230109/5-30-25</b>	TELEPHONE NUMBER <b>573-224-3219</b>

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: 111658  
Version no: 532B

TEST RECORD 00093

Temp Date Time <sup>g/</sup> 210L

Air Blank:  
05/31/24 20:59 .000  
Calibration Check:  
22 05/31/24 20:59 .098

Subject Name  
ACC. CHECK

Subject I.D.

Operator Name, I.D.  
ROBINSON/230109

Location  
WCSO

AS IV Serial no: 111658  
Version no: 532B

TEST RECORD 00094

Temp Date Time <sup>g/</sup> 210L

Air Blank:  
05/31/24 21:01 .000  
Calibration Check:  
23 05/31/24 21:01 .098

Subject Name  
TEST

Subject I.D.  
1

Operator Name, I.D.  
ROBINSON/230109

Location  
WCSO

AS IV Serial no: 111658  
Version no: 532B

TEST RECORD 00095

Temp Date Time <sup>g/</sup> 210L

Air Blank:  
05/31/24 21:03 .000  
Calibration Check:  
23 05/31/24 21:03 .097

Subject Name  
TEST

Subject I.D.  
2

Operator Name, I.D.  
ROBINSON/230109

Location  
WCSO

AS IV Serial no: 111658  
Version no: 532B

TEST RECORD 00096

Temp Date Time <sup>g/</sup> 210L

Air Blank:  
05/31/24 21:05 .000  
Calibration Check:  
24 05/31/24 21:05 .097

Subject Name  
TEST

Subject I.D.  
3

Operator Name, I.D.  
ROBINSON/230109

Location  
WCSO

AS IV Serial no: 111658  
Version no: 532B

TEST RECORD 00097

Temp Date Time <sup>g/</sup> 210L

VOID: RFI  
12 05/31/24 21:07

Subject Name  
TEST

Subject I.D.  
RFI

Operator Name, I.D.  
ROBINSON/230109

Location  
WCSO





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

2

**PERMIT  
 TYPE II**

**DONALD J. ROBINSON**

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 5/30/2023

*Mike Mason*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 230109

EXPIRES 5/30/2025

*David J. Nicholson*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 680-0771 (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 ROBINSON, DONALD  
 Permit No 230109  
 Date Issued 5/30/2023 Date Expires 5/30/2025

