REVIEWED

By Tracy Crews at 2:08 pm, Dec 02, 2024



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

		this report in duplicate at the time of the regular monthly preventative maintenance check, and whenever instrument is repaired. to Department of Health and Senior Services; retain original in department file.								
ALC		OR IV SN	NAME OF AGENCY Missouri State Highway Patrol				DATE OF INSPECTION 12/02/2024			
31	O1 Mil	of INSTRUI Ier Stree	STRUMENT (STREET AND CITY) Street, Bethany, MO, 64424					TIME OF 10:55	INSPECTION am	
			Place a mark in the box by each item if found to be satisfactory or if operating within established limits. (Write in observed values nined.) Unmarked items must be corrected before using instrument.							
Ø	DIGIT	AL READ	OUT (ALL ELEMENTS OPERATIONAL)							
Ø	TEM	PERATUR	E OF ALCO SENSOR (10°C - 40°C)							
Ø	PRIN	TER WO	KING PROPERLY							
			'E DISPLAYING PROPERLY							
BRI	EATH	ALCOHO	L ACCURACY STANDA	RDS						
Ø	SIMU	LATOR S	OLUTION COMPRESSED ETHANOL-GAS MIXTURE							
Ø	STAN	IDARD SI	JPPLIER Guth	JPPLIER Guth LOT # 23180 EXP. DATE 05/17/2025						
Ø	SIMU	LATOR T	EMPERATURE (34°C ±	0.2°C)34.0\$	SIM. SNMF	P250	2 SIM. N	IIST EXF	DATE 01/31/20	025
	 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 									
TES	ST 1 ≠	.100		TEST 2100			TEST 310	3		
Ø	RFI D	ETECTOF	OPERATING							
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: (DO NOT INCLUDE SELF-ADMINISTERED TESTS)										
REF	FUSAL	.s 0	(004) 0	(.0509) 0	(.1014)	0	(.1519)	0	(OVER .19)	0
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).										
_		NG OFFI	CER				Superior process			
SIGNATURE PRINT NAME Michael I Miller							- 1			
Michael J. Miller Type II PERMIT NUMBER EXPIRATION DATE TELEPHONE NUMBER										
	0230	10/29/2					(816) 387-23			
Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office by mail, fax, or email.										

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M. J. MILLER #1417
3101 MILLER STREET
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BETHANY, MO. 64424
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3101 MILLER STREET
BETHANY : NO , 64424.

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M. J. MILLER #1418

3101 MILLER STREET

BOTHANY, MO, 64444

W. Jefan



STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES **BREATH ALCOHOL PROGRAM**



PERMIT TYPE II

MICHAEL J. MILLER

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	10/29/2024	adam ful			
D/ (! L)		DIRECTOR STATE PUBLIC HEALTH LABORATORY			
NUMBER	240230				
EXPIRES	10/29/2026	Davla J. Nichelson			
		DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES			
ID 580-0771 IR	10)	1.64.6.16.10			

