



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 111744	NAME OF AGENCY BOONE COUNTY SHERIFF'S OFFICE	DATE OF INSPECTION 05/04/2024
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LOCATION OF INSTRUMENT (STREET AND CITY) 2111 E. COUNTY DR, COLUMBIA	TIME OF INSPECTION 5:50 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

<input type="checkbox"/> SIMULATOR SOLUTION	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>INTOXIMETERS</u>	LOT # <u>AG309502</u> EXP. DATE <u>04/05/2025</u>
<input type="checkbox"/> 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 ← .098	TEST 3 ← .097
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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)	2	(.10-.14)	4	(.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).

INSTRUMENT OPERATING SATISFACTORILY AND WITHIN ESTABLISHED LIMITS. BATTERY REPLACED.

INSPECTING OFFICER

SIGNATURE <i>Johnathan Wells</i>	PRINT NAME JOHNATHAN WELLS
TYPE II PERMIT NUMBER/EXPIRATION DATE 240088, 04/05/2026	TELEPHONE NUMBER (573) 875-1111

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: 111744
Version no: 532B

TEST RECORD 00845
Temp Date Time 210L ^{s/}
Air Blank: 05/04/24 05:50 .000
Calibration Check: 18 05/04/24 05:50 .100

Subject Name
MONTHLY MAINTENANCE
Subject I.D.

TEST ONE
Operator Name, I.D.

J. Wenz 240088
Location

All E. County Dr.

AS IV Serial no: 111744
Version no: 532B

TEST RECORD 00845
Temp Date Time 210L ^{s/}
Air Blank: 05/04/24 05:52 .000
Calibration Check: 19 05/04/24 05:52 .098

Subject Name
MONTHLY MAINTENANCE
Subject I.D.

TEST TWO
Operator Name, I.D.

J. Wenz 240088
Location

All E. County Dr.

AS IV Serial no: 111744
Version no: 532B

TEST RECORD 00846
Temp Date Time 210L ^{s/}
Air Blank: 05/04/24 05:54 .000
Calibration Check: 21 05/04/24 05:54 .097

Subject Name
MONTHLY MAINTENANCE
Subject I.D.

TEST THREE
Operator Name, I.D.

J. Wenz 240088
Location

All E. County Dr.

AS IV Serial no: 111744
Version no: 532B

TEST RECORD 00847
Temp Date Time 210L ^{s/}
VOID: RFI
12 05/04/24 05:56

Subject Name
MONTHLY MAINTENANCE
Subject I.D.

RFI
Operator Name, I.D.

J. Well 240088
Location

All E. County Dr.



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



PERMIT
TYPE II
JOHNATHAN WELLS

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 4/2/2024

NUMBER 240088

EXPIRES 4/2/2026

Mike Mason

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Dave F. Nielson

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 WELLS, JOHNATHAN
Permit No 240088
Date Issued 4/2/2024 **Date Expires** 4/2/2026

