



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 STATE PUBLIC HEALTH LABORATORY
ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

RECEIVED
 By Tracy Crews at 10:11 am, Jun 04, 2024

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 111768	NAME OF AGENCY Fair Grove PD	DATE OF INSPECTION 05/30/2024
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LOCATION OF INSTRUMENT (STREET AND CITY) 81 S. Orchard Blvd Fair Grove, MO 65648	TIME OF INSPECTION 11:28 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

SIMULATOR SOLUTION COMPRESSED ETHANOL-GAS MIXTURE

STANDARD SUPPLIER Intoximeteres LOT # AG306807 EXP. DATE 03/09/2025

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 .102

TEST 3 .103

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)	(.05-.09)	(.10-.14)	(.15-.19)	(OVER .19)
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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 Ronald L. Killingsworth
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TYPE II PERMIT NUMBER/EXPIRATION DATE 220287 / 12-23-2024	TELEPHONE NUMBER (417) 829-6216
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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: 111768
Version no: 532B

TEST RECORD 00738

Temp Date Time ^{s/} 210L

Air Blank:
05/30/24 11:29 .000
Calibration Check:
27 05/30/24 11:29 .100

Subject Name

Test 1

Subject I.D.

Killingsworth

Operator Name: I.D.

220287 / 12-23-24

Location

AS IV Serial no: 111768
Version no: 532B

TEST RECORD 00739

Temp Date Time ^{s/} 210L

Air Blank:
05/30/24 11:31 .000
Calibration Check:
27 05/30/24 11:31 .102

Subject Name

Test 2

Subject I.D.

Killingsworth

Operator Name: I.D.

220287 / 12-23-24

Location

AS IV Serial no: 111768
Version no: 532B

TEST RECORD 00740

Temp Date Time ^{s/} 210L

Air Blank:
05/30/24 11:32 .000
Calibration Check:
27 05/30/24 11:32 .103

Subject Name

Test 3

Subject I.D.

Killingsworth

Operator Name: I.D.

220287 / 12-23-24

Location

AS IV Serial no: 111768
Version no: 532B

TEST RECORD 00741

Temp Date Time ^{s/} 210L

Air Blank:
05/30/24 11:33 .000
Subject Test: Auto
28 05/30/24 11:33 .000

Subject Name

Test 4 / Sober

Subject I.D.

Killingsworth

Operator Name: I.D.

220287 / 12-23-24

Location

AS IV Serial no: 111768
Version no: 532B

TEST RECORD 00742

Temp Date Time ^{s/} 210L

VOID: RFI
12 05/30/24 11:34

Subject Name

Test 5 / RFI

Subject I.D.

Killingsworth

Operator Name: I.D.

220287 / 12-23-24

Location



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

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**PERMIT
 TYPE II**

RONALD L. KILLINGSWORTH

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 EC/IR II

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 12/23/2022

Mike Massum
 DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 220287

Dave J. Nielson
 DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

EXPIRES 12/23/2024

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 KILLINGSWORTH, RONALD
 Permit No 220287
 Date Issued 12/23/2022 Date Expires 12/23/2024

