



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 119733	NAME OF AGENCY HOLLISTER PD	DATE OF INSPECTION 05/30/2024
LOCATION OF INSTRUMENT (STREET AND CITY) 240 HOLLISTER POINTE DR. HOLLISTER, MISSOURI 65672		TIME OF INSPECTION 10:17 pm

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 GUTH LABS LOT # 23060 EXP. DATE 02/28/2025

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0 SIM. SN SD 2732 SIM. NIST EXP DATE 04/24/2025

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 .099

TEST 3 .099

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) 0	(.05-.09) 0	(.10-.14) 1	(.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).

TIME ADJUSTED TO MATCH THAT OF DEPARTMENT COMPUTER TIMES.

INSPECTING OFFICER

SIGNATURE 	PRINT NAME David Brinegar
TYPE II PERMIT NUMBER/EXPIRATION DATE R30042 expires 03/27/2025	TELEPHONE NUMBER 417-334-3000

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: 119733
Version no: 532C

TEST RECORD 00114

Temp Date Time 21OL

Air Blank:
05/30/24 22:41 .000
Calibration Check:
21 05/30/24 22:41 .100

Subject Name

May Maintenance

Subject I.D.

Test #1

Operator Name, I.D.

Brinegar Permit #230042

Location

240 Hollister Pointe Dr

Hollister, MO

AS IV Serial no: 119733
Version no: 532C

TEST RECORD 00115

Temp Date Time 21OL

Air Blank:
05/30/24 22:55 .000
Calibration Check:
23 05/30/24 22:55 .099

Subject Name

May Maintenance

Subject I.D.

Test #2

Operator Name, I.D.

Brinegar Permit #230042

Location

240 Hollister Pointe Dr

Hollister, MO

AS IV Serial no: 119733
Version no: 532C

TEST RECORD 00116

Temp Date Time 21OL

Air Blank:
05/30/24 22:58 .000
Calibration Check:
24 05/30/24 22:58 .099

Subject Name

May Maintenance

Subject I.D.

Test #3

Operator Name, I.D.

Brinegar Permit #230042

Location

240 Hollister Pointe Dr

Hollister, MO

AS IV Serial no: 119733
Version no: 532C

TEST RECORD 00119

Temp Date Time 21OL

VOID: RFI
12 05/30/24 23:02

Subject Name

May Maintenance

Subject I.D.

RFI

Operator Name, I.D.

Brinegar Permit #230042

Location

240 Hollister Pointe Dr

Hollister, MO



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



PERMIT
TYPE II
DAVID W. BRINEGAR

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 3/27/2023

NUMBER 230042

EXPIRES 3/27/2025

Mike Massman

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Paula J. Nicholson

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 BRINEGAR, DAVID
Permit No 230042
Date Issued 3/27/2023 **Date Expires** 3/27/2025

