



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 <u>102467</u>	NAME OF AGENCY <u>Camden County SO</u>	DATE OF INSPECTION <u>01/07/2025</u>
LOCATION OF INSTRUMENT (STREET AND CITY) <u>133 Cherokee Rd, Lake Ozark, MO 65049</u>		TIME OF INSPECTION <u>1645</u>

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 Laboratories Inc LOT # 23390 EXP. DATE 10/17/25
- SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0 SIM. SN SD2758 SIM. NIST EXP DATE 01/29/2025

- 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 = <u>.104</u>	TEST 2 = <u>.104</u>	TEST 3 = <u>.105</u>
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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-.04) <u>0</u>	(.05-.09) <u>0</u>	(.10-.14) <u>6</u>	(.15-.19) <u>5</u>	(OVER .19) <u>3</u>
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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 <u>Bryce Eastley</u> 2402	PRINT NAME <u>Bryce Eastley</u>
TYPE II PERMIT NUMBER/EXPIRATION DATE <u>23094 05/23/2025</u>	TELEPHONE NUMBER <u>(573) 346-2243</u>

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: 102467
Version no: 532B

TEST RECORD 00630

Temp Date Time 210L

Air Blank:
01/07/25 17:40 .000
Calibration Check:
21 01/07/25 17:40 .104

Subject Name

Test 1

Subject I.D.

Operator Name, I.D.

Bryce Easley 23094

Location

133 Cherokee Rd

Lake Ozark, MO 65049

AS IV Serial no: 102467
Version no: 532B

TEST RECORD 00631

Temp Date Time 210L

Air Blank:
01/07/25 17:43 .000
Calibration Check:
21 01/07/25 17:43 .104

Subject Name

Test 2

Subject I.D.

Operator Name, I.D.

Bryce Easley 23094

Location

133 Cherokee Rd

Lake Ozark, MO 65049

AS IV Serial no: 102467
Version no: 532B

TEST RECORD 00632

Temp Date Time 210L

Air Blank:
01/07/25 17:45 .000
Calibration Check:
21 01/07/25 17:45 .105

Subject Name

Test 3

Subject I.D.

Operator Name, I.D.

Bryce Easley 23094

Location

133 Cherokee Rd

Lake Ozark, MO 65049

AS IV Serial no: 102467
Version no: 532B

TEST RECORD 00633

Temp Date Time 210L

VOID: RFI
12 01/07/25 18:00

Subject Name

RFI

Subject I.D.

Operator Name, I.D.

Bryce Easley 23094

Location

133 Cherokee Rd

Lake Ozark, MO 65049



314 North Pearl Street • Albany, New York 12207 • 800-848-4983 • (518) 434-4546 • Fax (518) 434-0891

**CERTIFICATE OF ANALYSIS
ALCOHOL REFERENCE SOLUTION FOR SIMULATOR**

Lot No: 23390 Exp. Date: 10/17/2025

This Alcohol Reference for Simulator was received on 10/19/2023 and tested on a Gas Chromatograph by Alexandra DeBeatham according to the standard procedure Alcohol Reference Solution-1, and found to contain 0.1225 % \leq 0.00103 (wt/vol) Ethyl Alcohol. The Alcohol and water used in this solution were free of test interfering substances.

A contemporaneous record has been kept in the regular and normal course of business for the date of testing, material tested, test conducted, individuals conducting the testing and the results.

Laboratory Reference:

231019015

QA Manager:

A handwritten signature in cursive script, appearing to read "Chris Hess".

Christopher Hess

Laboratory Director:

A handwritten signature in cursive script, appearing to read "Tara Daniels".

Tara Daniels

Report Date:

11/13/2023



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

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PERMIT
TYPE II
BRYCE EASLEY

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 5/23/2023

Mike Morrison

NUMBER 230094

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

EXPIRES 5/23/2025

Paula F. Richardson

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (5-10)

LAB-4 (FB-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 **EASLEY, BRYCE**
Permit No **230094**
Date issued **5/23/2023** Date Expires **5/23/2025**

