

By Tracy Crews at 3:12 pm, Mar 20, 2025



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

water the state of			400 - 20 - 41 - 10 - 10 - 10 - 10 - 10 - 10 - 1		
Complete this report in duplicate at the time Send copy to Department of Health and Seni			nce check, and whenev	ver instrument is repaired.	
ALCO SENSOR IV SN 119733			DATE OF 03/19/2	INSPECTION 2025	
LOCATION OF INSTRUMENT (STREET AND CITY) 240 Hollister Pointe Dr, Hollister, MO 65672			TIME OF 0 3:32 pr	INSPECTION n	
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 # 24110 EXP. DATE 03/05/2026					
SIMULATOR TEMPERATURE (34°C ± 0	0.2°C) 34 SIM	n. SNSD 2732	SIM. NIST EX	P DATE <u>03/19/2026</u>	
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 1095	TEST 2 ☞ .096		TEST 3 .096		
☑ 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 1 (004)	(.0509)	(.1014)	(.1519)	(OVER .19)	
List any new parts and describe any alteration established limits (use other side if necessary	on or modification that v	L	he instrument to opera	te satisfactorily and within	
INSPECTING OFFICER SIGNATURE			PRINT NAME		
· 465-508			David Brinegar		
TYPE II PERMIT NUMBER/EXPIRATION DATE 250024/ 03/07/2027			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 Seriel no: 119733
Vereion no: 532C

TEST RECORD 00272

Temp Date Time 210L

Air Blank: 25 15:32 .000
Call book 100 Chack: 095

Subject Name

Subject I.D.

Maintenance
Operator Name, I.D.

Bringar 250024

Location
240 Hellister Pointe D.

AS IV Serial no. 119733
Version no: 532C

TEST RECORD 00273

Temp Date Time 210L

Air Blank: 03/19/25 15:33 .000
Calibration Check: 20 03/19/25 15:33 .096

Subject Name

IEST #2

Subject I.D.

Maintenance

Operator Name, I.D.

Brinegar 250024

Location

24049011:ster Pointe Or

Hollister MO

AS IV Serial no: 119733
Version no: 532C

TEST RECORD 00274

Temp Date Time 210L

Air Blank: 03/19/25 15:35 .000
Calibration Check: 21 03/19/25 15:35 .096

Subject Name

Hest 3
Subject I.D.

Maintenance
Operator Name, I.D.

Acinegar 250024

Location

Hollister lainte Dr

Hollister MO

AS IV Serial no: 119733
Version no: 532C

TEST RECORD 00275

Temp Date Time 210L

VOID: RF!
12 03/19/25 15:36

Subject Name

LFT Test

Subject Name

LFT Test

Subject I.D.

Maintenance
Operator Name, I.D.

Beinegar 250024

Location

240 Hollister Reinfelt

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):

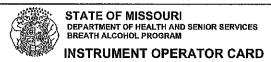
ALCO-SENSOR IV WITH PRINTER

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	3/7/2025	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
		DIRECTOR EX. STATE PUBLIC HEALTH CABORATORY
NUMBER	250024	0 0 000
EXPIRES	3/7/2027	Sarah Willson
		DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES
	4261	

MO 580-0771 (6-10)

LAB-4 (R6-10)



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

rmit No 250024

Date Issued 3/7/2025 Date Expires 3/7/2027

