



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 Police Dept	DATE OF INSPECTION 03/19/2025
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LOCATION OF INSTRUMENT (STREET AND CITY) 240 Hollister Pointe Dr, Hollister, MO 65672	TIME OF INSPECTION 3:32 pm
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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 Guth Labs LOT # 24110 EXP. DATE 03/05/2026

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34 SIM. SN SD 2732 SIM. NIST EXP DATE 03/19/2026

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 .095

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	(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  
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 Serial no: 119733  
Version no: 532C

TEST RECORD 00272

Temp Date Time <sup>9/</sup>210L

Air Blank:  
03/19/25 15:32 .000  
Calibration Check:  
20 03/19/25 15:32 .095

Subject Name

Test #1

Subject I.D.

Maintenance

Operator Name, I.D.

Brinegar 250024

Location

240 Hollister Pointe Dr

Hollister, MO

AS IV Serial no: 119733  
Version no: 532C

TEST RECORD 00273

Temp Date Time <sup>9/</sup>210L

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

Subject Name

Test #2

Subject I.D.

Maintenance

Operator Name, I.D.

Brinegar 250024

Location

240 Hollister Pointe Dr

Hollister, MO

AS IV Serial no: 119733  
Version no: 532C

TEST RECORD 00274

Temp Date Time <sup>9/</sup>210L

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

Subject Name

Test 3

Subject I.D.

Maintenance

Operator Name, I.D.

Brinegar 250024

Location

240 Hollister Pointe Dr

Hollister, MO

AS IV Serial no: 119733  
Version no: 532C

TEST RECORD 00275

Temp Date Time <sup>9/</sup>210L

VOID: RFI  
12 03/19/25 15:36

Subject Name

RFI Test

Subject I.D.

Maintenance

Operator Name, I.D.

Brinegar 250024

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**

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

NUMBER 250024

EXPIRES 3/7/2027

*Adam J. Rubin*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Sarah Willson*

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 250024  
 Date Issued 3/7/2025 Date Expires 3/7/2027

