



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

RECEIVED

By Tracy Crews at 8:28 am, Nov 05, 2020

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 107985 PRINTER SN 099.3586.820 DATE OF INSPECTION 10-30-2020

LOCATION OF INSTRUMENT (STREET AND CITY) 200 North Ave. Sparten, MO 65753 TIME OF INSPECTION 804

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 LAB LOT # 19370 EXP. DATE 12/9/21

☒ SIMULATOR TEMPERATURE ( $34^{\circ}\text{C} \pm 0.2^{\circ}\text{C}$ ) 34^{\circ}\text{C} SIMULATOR SN MP 3584 SIMULATOR EXP DATE 02/20/2021

☒ 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  $\pm 5\%$  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 .102

TEST 2 .102

TEST 3 .101

☒ 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 (0-.04) 0 (.05-.09) 0 (.10-.14) 0 (.15-.19) 0 (OVER .19) 0

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).

*Change Battery  
+ assure time + date are correct  
+ change time.*

INSPECTING OFFICER

SIGNATURE [Signature]

PRINT NAME

LOREN NYSTROM

TYPE II PERMIT NUMBER/EXPIRATION DATE

290056

3/1/2021

TELEPHONE NUMBER

(417) 242-5571

Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office  
2875 James Boulevard  
Poplar Bluff, MO 63901

AS IV Serial no: 107985  
Version no: 532B

TEST RECORD 00933

Temp Date Time s/  
210L

Air Blank:  
10/30/20 08:05 .000  
Calibration Check:  
22 10/30/20 08:05 .102

Subject Name

Test

Subject I.D.

#1

Operator Name, I.D.

L. Nystrom 615

Location

S.P.D. Booking

AS IV Serial no: 107985  
Version no: 532B

TEST RECORD 00934

Temp Date Time s/  
210L

Air Blank:  
10/30/20 08:07 .000  
Calibration Check:  
22 10/30/20 08:07 .102

Subject Name

Test

Subject I.D.

#2

Operator Name, I.D.

L. Nystrom 615

Location

S.P.D. Booking

AS IV Serial no: 107985  
Version no: 532B

TEST RECORD 00935

Temp Date Time s/  
210L

Air Blank:  
10/30/20 08:09 .000  
Calibration Check:  
23 10/30/20 08:09 .101

Subject Name

Test

Subject I.D.

#3

Operator Name, I.D.

L. Nystrom 615

Location

S.P.D. Booking

AS IV Serial no: 107985  
Version no: 532B

TEST RECORD 00936

Temp Date Time s/  
210L

VOID: RFI  
12 10/30/20 08:13

Subject Name

Test

Subject I.D.

RFI

Operator Name, I.D.

L. Nystrom 615

Location

S.P.D. Booking

AS IV Serial no: 107985  
Version no: 532B

TEST RECORD 00937

Temp Date Time s/  
210L

Air Blank:  
10/30/20 08:15 .000  
Calibration Check:  
23 10/30/20 08:15 .000

Subject Name

Test

Subject I.D.

Blank

Operator Name, I.D.

L. Nystrom 615

Location

S.P.D. Booking



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

2

PERMIT  
TYPE II

LOREN NYSTROM

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.

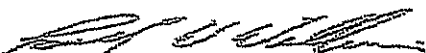
DATE 3/1/2019

NUMBER 290056

EXPIRES 3/1/2021

MO 520-0771 (6-10)

  
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

  
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (RB-10)

