

# MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

# RECEIVED By Tracy Crews at 9:57 am, Mar 06, 2021

### ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

desexx				
Complete this report in duplicate at the tin Send copy to Department of Health and Se	ne of the regular month	hly preventative mainte	enance check, and	whenever instrument is repaired
ALCO SENSOR IV SN	PRINTER SN	onginar in department		ATE OF INSPECTION
107985	099.35	86.820		3-3-21
LOCATION OF INSTRUMENT (STREET AND CITY)	•		Т	IME OF INSPECTION
200 North Ave, Sporta	, NO 6575	7		0916
CHECKLIST: Place a mark in the box by e ues where determined.) Unmarked items n	ach item if found to be nust be corrected befo	satisfactory or if opera re using instrument.	ating within establish	ed limits. (Write in observed va
DIGITAL READOUT (ALL ELEMENTS	OPERATIONAL)			
TEMPERATURE OF ALCO SENSOR	(10°C - 40°C)			
PRINTER WORKING PROPERLY				
TIME AND DATE DISPLAYING PROP				
BREATH ALCOHOL ACCURACY STANDA	ARDS			
SIMULATOR SOLUTION	OR SOLUTION COMPRESSED ETHANOL		ED ETHANOL-GAS	MIXTURE
STANDARD SUPPLIER GUTH LAB		_LOT#_19379	EXP. DATE _	2/9/21
区 SIMULATOR TEMPERATURE (34°C ±	0.2°C) <u>33.99°C</u> S	IMULATOR SN MP	3584 SIMULA	FOR EXP DATE OLIAS KORA
less. Check the box corresponding to th 0.100% STANDARD - MUST REAI 0.080% STANDARD - MUST REAI 0.040% STANDARD - MUST REAI	D BETWEEN 0.095% : D BETWEEN 0.076% :	and 0.105% INCLUSI\ and 0.084% INCLUSI\	/E /E	
TEST 1 103	TEST 2 (O	3	TEST 3 . (C	) <i>7</i>
RFI DETECTOR OPERATING				
INDICATE THE NUMBER OF BREATH TES (DO NOT INCLUDE SELF-ADMINISTERED	STS IN THE FOLLOW	ING RANGES SINCE	THE LAST MAINTE	ENANCE REPORT:
	E3 3) 	1	1	ı
REFUSALS (004)	(.0509)	(.1014)	(.1519)	(OVER .19)
List any new parts and describe any alteration established limits (use other side if necessare thanked from the Ribban	V).	t was made to restore	the instrument to o	perate satisfactofily and within
NSPECTING OFFICER				
7///			PRINT NAME  LOREN L	451ROM
YPE II PERIM NUMBER/EXPIRATION DATE 210032	-010010-	2/23/2023	TELEPHONE NUMBER	, , , , , ,
Potrum complete !	- CHULKOWY		417)292-5	54
20/0 0411	cohol Program, MO De nes Boulevard uff, MO 63901	epartment of Health an	nd Señior Services, s	Southeast District Office

AS IV Serial no: 107985
Version no: 532B

TEST RECORD 00959

Temp Date Time 210L

Air Blank:
03/03/21 10:22 .000
Calibration Check:
21 03/03/21 10:22 .103

Subject Name

Test
Subject I.D.

HI

Operator Name, I.D.

Location

Society Date Test

Location

Location

Society Date Test

Location

Locat

AS IV Serial no: 107985
Version no: 532B

TEST RECORD 00960

Temp Date Time 2101.

Air Blank: 03/03/21 10:23 .000
Calibration Check: 21 03/03/21 10:23 .103

Subject Name

Test
Subject I.D.

H.A.

Operator Name, I.D.

Location

Socret P.D. Booking

AS IV Serial no: 107985
Version no: 532B

TEST RECORD 00961

Temp Date Time 210L

Air Blank:
 03/03/21 10:26 .000
Calibration Check:
 22 03/03/21 10:26 .102

Subject Name
 Test # 3
Subject I.D.

L. WStrom GUS
Operator Name, I.D.

Location

Specta P. Booksy

Test Record 00962

Temp Date Time 210L

VOID: RFI
12 03/03/21 10:28

Subject Name

Test

Subject I.D.

BFI

Operator Name, I.D.

L. Wstrom GCS

Location

Spata P.D. Booking

AS IV Serial no: 107985

AS IV Serial no: 107985
Version no: 532B

TEST RECORD 00963

Yes and the serial record of the

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#### STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES **BREATH ALCOHOL PROGRAM** 



# 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):

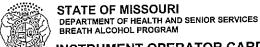
## ALCO-SENSOR IV WITH PRINTER

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.

B 475	2/22/2021	when
DATE	2/23/2021	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER	210032	for Williams
EXPIRES	2/23/2023	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R6-10)



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

NYSTROM, LOREN Operator Permit No 210032

Date Issued 2/23/2021

Date Expires 2/23/2023

