



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

## ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

2 Miletines					
Complete this report in duplicate at the time of Send copy to Department of Health and Senior	the regular monthly prev Services; retain original	rentative maintena in department file.			
ALCO SENSOR IV SN	PRINTER SN		DATE	OF INSPECTION	
	049.3586,82	n	1,00	5-11-2021	
LOCATION OF INSTRUMENT (STREET AND CITY)	1 0 11, 120 00, 00	<u> </u>	TIME	OF INSPECTION	
700 Post Ave 50. dr 410 65753					
CHECKLIST: Place a mark in the box by each i	tem if found to be satisfa	ctory or if operatir	ng within established	limits. (Write in observed val-	
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 OPE					
TEMPERATURE OF ALCO SENSOR (10°C	C - 40°C)	- Logge . Ladeway	and the state of t	· · · · · · · · · · · · · · · · · · ·	
PRINTER WORKING PROPERLY					
TIME AND DATE DISPLAYING PROPERLY					
BREATH ALCOHOL ACCURACY STANDARD	S				
SIMULATOR SOLUTION COMPRESSED ETHANOL-GAS MIXTURE					
STANDARD SUPPLIER GUTH LAB  SIMULATOR TEMPERATURE (\$4°C)± 0.2°	LOT	# 20420	EXP. DATE	9/21/22	
SIMULATOR TEMPERATURE (\$4°C)± 0.2°	°C) <u>34°C</u> SIMUL/	ATOR SN	SIMULATO	R EXP DATE	
Run three tests using a standard solution. A less. Check the box corresponding to the st 0.100% STANDARD - MUST READ BI 0.040% STANDARD - MUST READ BI	andard solution being us ETWEEN 0.095% and 0. ETWEEN 0.076% and 0.	ed. (PRINTOUT A .105% INCLUSIVE .084% INCLUSIVE	ATTACHED) E E		
TEST 1 • 102 TE	EST 2 F	3	TEST 3	<i>'02</i>	
A RFI DETECTOR OPERATING					
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:  (DO NOT INCLUDE SELF-ADMINISTERED TESTS)					
	1	AN.			
REFUSALS (004)	(.0509)	1014) 💯	(.1519)	(OVER .19)	
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).					
Changed Time, was slow by two unliveres.					
- integral time,	con sie 64. 1 40 6	comments,			
INSPECTING OFFICER					
SIGNATURE			PRINT NAME		
· ////			LOREN NYST	a our	
TYPE II PERMIT NUMBERIEXPIRATION PATE	-		TELEPHONE NUMBER	^-I /	
/ // 210032	2/23/2023		(417)242-55	<u> </u>	
Return completed report to the: Breath Alco	phol Program, MO Depar	tment of Health a	nd Senior Services, S	Southeast District Office	
2875 Jame	s Boulevard				
Poplar Bluff, MO 63901					

AS IV Serial no: 107985
Version no: 532B

TEST RECORD 00970

Temp Date Time 210L

Air Blank:
05/11/21 10:23 .000
Calibration Check:
19 05/11/21 10:23 .102

Subject Name
Test
Subject I.D.

HIP
Operator Name, I.D.
Location
Socitar Deorgy

The state of the s

AS IV Serial no: 107985
Version no: 532B

TEST RECORD 00971

Temp Date Time 210L

Air Blank:
05/11/21 10:25 .000
Calibration Check:
19 05/11/21 10:25 .103

Subject Name
Test
Subject I.D.

# 2

Operator Name, I.D.

Location
SMAR P. ROOK, 12

AS IV Serial no: 107985
Version no: 532B

TEST RECORD 00972

9/
Temp Date Time 210L

Air Blank:
05/11/21 10:27 .000
Calibration Check:
20 05/11/21 10:27 .102

Subject Name
Test
Subject I.D.
#3
Operator Name: I.D.
Location
Spara P.D. Backing

AS IV Serial no: 107985
Version no: 532B

TEST RECORD 00974

9/
Temp Date Time 210L

VOID: RFI
12 05/11/21 10:31

Subject Name
Test
Subject I.D.

RFI
Operator Name, I.D.

Location

Sparte P.D. Booking

AS IV Serial no: 107985
Version no: 532B

TEST RECORD 00975
9/
Temp Date Time 210L

Air Blank:
05/11/21 10:32 .000
Calibration Check:
20 05/11/21 10:32 .000
Subject Name
Test
Subject I.D.

Blank
Operator Name, I.D.

L. Nyston (6U)
Location
Spart P. D. Soering



#### 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):

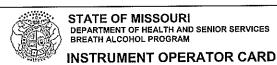
### ALCO-SENSOR IV WITH PRINTER

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.

DATE	white		
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY		
NUMBER 210032			
EXPIRES 2/23/2023	DIRECTOR OF DEPARTMENT OF HEALTH AND SERVICES		
	DIRECTOR OF DEPARTMENT OF TREASURANT OF MICEO		

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 NYSTROM, LOREN

Permit No 210032

Date Issued 2/23/2021 Date Expires 2/23/2023

