

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 till Send copy to Department of Health and S	me of the regular monthly p Senior Services; retain origir	reventative maintena al in department file	ance check, and whe	enever instrument is repairec.
ALCO SENSOR IV SN	PRINTER SN	SU 000	DATE	OF INSPECTION
LOCATION OF INSTRUMENT (STREET AND CITY)	097.3.	586.820	TIME	06-02-2022
Source P. N.	100 North Ave,	Soucha Mo.	5753	0940
CHECKLIST: Place a mark in the box by ues where determined.) Unmarked items	each item if found to be sati	sfaðtory or if operatir	ng within established	limits. (Write in observed val-
DIGITAL READOUT (ALL ELEMENT		ong moramone.		
TEMPERATURE OF ALCO SENSOF				
PRINTER WORKING PROPERLY	14000			
TIME AND DATE DISPLAYING PRO	PERLY	· · · · · · · · · · · · · · · · · · ·		
BREATH ALCOHOL ACCURACY STAN				
_			D ETHANOL-GAS M	MIXTURE
STANDARD SUPPLIER GUTH LAE		от# <u>21380</u>		
SIMULATOR TEMPERATURE (34°C) 0.2°C) 34°C SIMULATOR SN MP3584 SIMULATOR EXP DATE 03/03/2023				
CALIBRATION CHECK – (ONLY ONE Run three tests using a standard solu less. Check the box corresponding to 0.100% STANDARD - MUST RE 0.040% STANDARD - MUST RE	ition. All three tests must be the standard solution being AD BETWEEN 0.095% and AD BETWEEN 0.076% and	within ±5% of the sused. (PRINTOUT A I 0.105% INCLUSIVE I 0.084% INCLUSIVE	tandard value and n TTACHED) = =	nust have a spread of .005 cr
TEST 1 . 104	TEST 2 103	and the same of th	TEST 3 🖝 🔑	104
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 (004) (List any new parts and describe any alte	(.0509)			
established limits (use other side if neces	sary).			, ,
INSPECTING OFFICER				
SIGNATURE	7 77 57	>	PRINT NAME	CTOOL
TYPE II PERMIT NUMBERIE PRINTION DATE	<u> </u>	<u> </u>	TELEPHONE NUMBER	estrou
1// 2//07 2			417-242-	55(/
Return completed report to the: Breat	h Alcohol Program, MO Der James Boulevard	partment of Health a	nd Senior Services, S	Southeast District Office

Poplar Bluff, MO 63901

AS IV Serial no: 107985
Version no: 532B

TEST RECORD 01199

Temp Date Time 210L

Air Blank:
 06/02/22 09:45 .000
Calibration Check:
 23 06/02/22 09:45 .104

Subject Name

Test
Subject I.D.

H 7

Operator Name, I.D.
Location

Spata P.D. Booking

AS IV Serial no: 107985
Version no: 532B

TEST RECORD 01200

Temp Date Time 210L

Air Blank: 06/02/22 09:47 .000
Calibration Check: 23 06/02/22 09:47 .103

Subject Name

Test
Subject I.D.

1

Deerator Name, I.D.

Location

S.A. P.D. Bookers

AS IV Serial no: 107985
Version no: 532B

TEST RECORD 01201

Temp Date Time 210L

Air Blank:
06/02/22 09:49 .000

Calibration Check:
23 06/02/22 09:49 .104

Subject Name
Test
Subject I.D.
#3

Operator Name, I.D.
Location
Fata P.D. Rooking

TEST RECORD 01202
TEST RECORD 01202
Solved Time 210L

VOID: RFI
12 06/02/22 09:51

Subject Name

Test
Subject I.D.

RFI
Operator Name, I.D.
Logation
Spura P.D. Booker

AS IV Serial no: 107985

AS IV Serial no: 107985
Version no: 532B

TEST RECORD 01203

Temp Date Time 210L

Air Blank: 06/02/22 09:52 .000
Calibration Check: 23 06/02/22 09:52 .000

Subject Name

Test
Subject I.D.

Blank
Operator Name: I.D.
Location
Spata D.D. Booking



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):

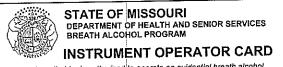
ALCO-SENSOR IV WITH PRINTER

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.

- 1 1-0-4	white		
DATE	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY		
NUMBER 210032	El Ville		
EXPIRES 2/23/2023	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES		
	LAB-4 (RG-		

MO 580-0771 (6-10)

EUD-4 (10-10)



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

