



## ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

"MCELA."		
Complete this report in duplicate at the time Send copy to Department of Health and Sen	of the regular monthly preventative is ior Services; retain original in departr	maintenance check, and whenever instrument is repairec. nent file.
ALCO SENSOR IV SN	PRINTER SN	DATE OF INSPECTION
107985	049-3586.820	8-2-22
LOCATION OF INSTRUMENT (STREET AND CITY)	•	TIME OF INSPECTION
Sparta Police Descritures	+, 200 North AR, SPO	rts, 1100 6 5753 1400 operating within established limits. (Write in observed val-
CHECKLIST: Place a mark in the box by each	ch item if found to be satisfactory or if	operating within established limits. (Write in observed val-
ues where determined.) Unmarked items mu	st be corrected before using instrume	ent.
DIGITAL READOUT (ALL ELEMENTS C	PERATIONAL)	
TEMPERATURE OF ALCO SENSOR (1	0°C - 40°C)	
PRINTER WORKING PROPERLY		
TIME AND DATE DISPLAYING PROPE		
BREATH ALCOHOL ACCURACY STANDA		
SIMULATOR SOLUTION		PRESSED ETHANOL-GAS MIXTURE
STANDARD SUPPLIER GUTH LAB	LOT # <u>213</u>	380 EXP. DATE 9-13-23
SIMULATOR TEMPERATURE (34°C )	0.2°C) <u>34°C</u> SIMULATOR SN	MP3584 SIMULATOR EXP DATE 3-3-23
less. Check the box corresponding to the 0.100% STANDARD - MUST REAL 0.080% STANDARD - MUST REAL	e standard solution being used. (PRIN ) BETWEEN 0.095% and 0.105% IN ) BETWEEN 0.076% and 0.084% IN ) BETWEEN 0.038% and 0.042% IN	CLUSIVE
TEST 1 . (05	TEST 2 - , \04	TEST 3 - , \03
RFI DETECTOR OPERATING		
INDICATE THE NUMBER OF BREATH TES	STS IN THE FOLLOWING RANGES	SINCE THE LAST MAINTENANCE REPORT:
(DO NOT INCLUDE SELF-ADMINISTERED	1 (E3)	$K \mid K \mid K$
REFUSALS (004)	(.0509) (.1014)	(.1519) (OVER .19)
Liet any new parts and describe any alterat	ion or modification that was made to	restore the instrument to operate satisfactorily and within
lectablished limits (use other side if necessa	rv).	
A CONTROL WAR AND A CONTROL OF THE C	e Ridoon	
AUGUST		
INSPECTING OFFICER		To the Name
SIGNATURE		PRINT NAME
• 11/1		LOREN NYSTROM TELEPHONE NUMBER
TYPE II PERMIT NUMBER/EXPIRATION DATE  210032	2-23-23	417-242-5571
<u> </u>	Alcohol Program, MO Department of	Health and Senior Services, Southeast District Office
2875 Ja	imes Boulevard	

AS IV Serial no: 107985
Version no: 532B

TEST RECORD 01301

Temp Date Time 210L

Air Blank: 08/02/22 13:57 .000
Calibration Check: 22 08/02/22 13:57 .105

Subject Name

Test
Subject I.D.

H. J.

Operator Name, I.D.

Location

Farter P. Sookis

AS IV Serial no: 107985
Version no: 532B

TEST RECORD 01302

Temp Date Time 210L

Air Blank: 08/02/22 13:59 .000
Calibration Check: 22 08/02/22 13:59 .104

Subject Name

Test
Subject I.D.

##2
Operator Name, I.D.
Location

AS IV Serial no: 107985
Version no: 532B

TEST RECORD 01304

Temp Date Time 210L

Air Blank: 08/02/22 14:02 .000
Calibration Check: 23 08/02/22 14:02 .103

Subject Name

Test
Subject I.D.

## 3

Operator Name, I.D.

L. Dystvow 615
Location
Swta P. D. BOOKing

AS IV Serial no: 107985
Version no: 532B

TEST RECORD 01306
9/
Temp Date Time 210L

VOID: RFI
12 08/02/22 14:08

Subject Name

7est
Subject I.D.

AFT

Decrator Name, I.D.

Location

Sporta P.A. Rockins

AS IV Serial no: 107985
Version no: 532B

TEST RECORD 01305

s/
Temp Date Time 210L

Air Blank:
08/02/22 14:07 .000
Calibration Check:
23 08/02/22 14:07 .000

Subject Name
Test
Subject I.D.
Blank
Operator Name, I.D.
Location
Sparta P.D. Backing



## 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):

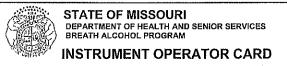
### ALCO-SENSOR IV WITH PRINTER

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	2/23/2021	Wa note
		DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER	210032	
EXPIRES	2/23/2023	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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 elcoholic 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

