

**MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 BLOOD ALCOHOL TEST REPORT - ALCO-SENSOR IV  
 WITH PRINTER**

FORM #8

SUBJECT'S NAME	DATE OF TEST
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**OPERATIONAL CHECKLIST: ALCO-SENSOR IV WITH PRINTER**

ALCO-SENSOR SERIAL NO.	LOCATION OF INSTRUMENT
TIME OBSERVATION PERIOD STARTED	TIME OF TEST

- 1. Examination of mouth conducted. If any substance is observed or indicated to be present, the substance observed or indicated must be removed prior to starting the 15 minute observation period.
- 2. Subject observed for at least 15 minutes by \_\_\_\_\_.  
No smoking, oral intake or vomiting during this time; if vomiting occurs, start over with 15 minute observation period.
- 3. Make sure printer is connected to Alco-Sensor IV.
- 4. Turn printer on.
- 5. Insert mouthpiece into Alco-Sensor IV.
- 6. Observe temperature display, make sure temperature reading is between 10°C and 40°C.
- 7. When "TEST" is displayed on Alco-Sensor IV, take subject breath sample.
- 8. When "SET" is displayed on Alco-Sensor IV, press SET button.
- 9. When printer has completed printing test result, tear off tape and fill in subject and officer information.
- 10. Press red button to eject mouthpiece.
- 11. Attach printout to this report.

<b>CERTIFICATION BY OPERATOR</b>	BAC
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As set forth in the rules promulgated by the Department of Health and Senior Services related to the determination of blood alcohol by breath analysis, I certify that:

- 1. There was no deviation from the procedure approved by the department.
- 2. To the best of my knowledge the instrument was functioning properly.
- 3. I am authorized to operate the instrument.

NAME OF OPERATOR	PERMIT NO.	EXPIRATION DATE
NAME OF OBSERVER	OBSERVER PERMIT NO.	EXPIRATION DATE
WITNESS (IF ANY)	DATE	