



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 STATE PUBLIC HEALTH LABORATORY
ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

RECEIVED
 02/03/2023 09:06 am

REPORT #7

Complete this report in duplicate at the time of the regular monthly preventative maintenance check, and whenever instrument is repaired. Send copy to Department of Health and Senior Services; retain original in department file.

ALCO SENSOR IV SN 030809	NAME OF AGENCY OVERLAND POLICE DEPARTMENT	DATE OF INSPECTION 02/03/2023
LOCATION OF INSTRUMENT (STREET AND CITY) 2410 Goodale Ave. Overland, MO 63114		TIME OF INSPECTION 9:06 am

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 OPERATIONAL)
- TEMPERATURE OF ALCO SENSOR (10°C - 40°C)
- PRINTER WORKING PROPERLY
- TIME AND DATE DISPLAYING PROPERLY

BREATH ALCOHOL ACCURACY STANDARDS

- SIMULATOR SOLUTION
- COMPRESSED ETHANOL-GAS MIXTURE

STANDARD SUPPLIER Intoximeters Inc. LOT # AG123605 EXP. DATE 04/24/2023

SIMULATOR TEMPERATURE (34°C ± 0.2°C) _____ SIM. SN _____ SIM. NIST EXP DATE _____

- CALIBRATION CHECK – (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)
 Run three tests using a standard solution. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (PRINTOUT ATTACHED)
 - 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE
 - 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE
 - 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE

TEST 1 \leftarrow .101 TEST 2 \leftarrow .100 TEST 3 \leftarrow .100

- 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 | (0-.04) | (.05-.09) | (.10-.14) | (.15-.19) | (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).

INSPECTING OFFICER

SIGNATURE *C. Schott* PRINT NAME Chris Schott

TYPE II PERMIT NUMBER/EXPIRATION DATE 220170 06/24/2024 TELEPHONE NUMBER (314) 428-1221

Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office by mail, fax, or email.

AS IV Serial no: 030809
Version no: 532B

TEST RECORD 01600
%
Temp Date Time 210L

Air Blank:
02/03/23 10:16 .000
Calibration Check:
20 02/03/23 10:16 .101

Subject Name
test 1
Subject I.D.
test 1
Operator Name, I.D.
C. Schott 546
Location
2410 Goodale

Overland, MO, 63114

AS IV Serial no: 030809
Version no: 532B

TEST RECORD 01601
%
Temp Date Time 210L

Air Blank:
02/03/23 10:18 .000
Calibration Check:
21 02/03/23 10:18 .100

Subject Name
test 2
Subject I.D.
test 2
Operator Name, I.D.
C. Schott 546
Location
2410 Goodale

Overland, MO, 63114

AS IV Serial no: 030809
Version no: 532B

TEST RECORD 01602
%
Temp Date Time 210L

Air Blank:
02/03/23 10:20 .000
Calibration Check:
22 02/03/23 10:20 .100

Subject Name
test 3
Subject I.D.
test 3
Operator Name, I.D.
C. Schott 546
Location
2410 Goodale

Overland, MO, 63114

AS IV Serial no: 030809
Version no: 532B

TEST RECORD 01599
%
Temp Date Time 210L

VOID: RFI
12 02/03/23 10:13

Subject Name
RFI
Subject I.D.
RFI
Operator Name, I.D.
C. Schott 546
Location
2410 Goodale

Overland, MO, 63114



STATE OF MISSOURI
 DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BREATH ALCOHOL PROGRAM



**PERMIT
 TYPE II**

CHRIS D. SCHOTT

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, INTOX EC/IR II

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 6/24/2022

NUMBER 220170

EXPIRES 6/24/2024

Mike Massman

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Paula J. Nicholson

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R6-10)



STATE OF MISSOURI
 DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BREATH ALCOHOL PROGRAM

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 in Missouri.

Operator SCHOTT, CHRIS
 Permit No 220170
 Date Issued 6/24/2022 Date Expires 6/24/2024

