



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

RECEIVED
 by Tracy Crowe at 2:42 pm, 6/27/23

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 06/27/2023
LOCATION OF INSTRUMENT (STREET AND CITY) 2410 Goodale Ave. Overland, MO 63114		TIME OF INSPECTION 1:08 pm

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 ← .097

TEST 2 ← .097

TEST 3 ← .097

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)
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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 ▶ <i>C. Schott syc</i>	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: 50282
Version no: 5029

TEST RECORD 01676 ✓

Temp Date Time 2.72
Air Blank
06/27/23 12:19 0.00
Calibration Check
23 06/27/23 12:19 0.00

Subject Name
test 1
Subject I.D.
test 1

Operator Name: C. Schott 546
Location
2410 Goodale
Overland, MO, 63114

AS IV Serial no: 50282
Version no: 5029

TEST RECORD 01677 ✓

Temp Date Time 2.72
Air Blank
06/27/23 13:07 0.00
Calibration Check
24 06/27/23 13:07 0.00

Subject Name
test 2
Subject I.D.
test 2

Operator Name: C. Schott 546
Location
2410 Goodale
Overland, MO, 63114

AS IV Serial no: 50282
Version no: 5029

TEST RECORD 01678 ✓

Temp Date Time 2.72
Air Blank
06/27/23 13:17 0.00
Calibration Check
25 06/27/23 13:17 0.00

Subject Name
test 3
Subject I.D.
test 3

Operator Name: C. Schott 546
Location
2410 Goodale
Overland, MO, 63114

AS IV Serial no: 50282
Version no: 5029

TEST RECORD 01679 ✓

Temp Date Time 2.72
VOID: RF
12 06/27/23 13:23

Subject Name
RF I:

Operator Name: C. Schott 546
Location
2410 Goodale
Overland, MO, 63114



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

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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 Massim

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

David I. 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



