



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

RECEIVED  
 07/19/2023 09:41 AM  
 11/11/2023 09:41 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 10/30/2023
LOCATION OF INSTRUMENT (STREET AND CITY) 2410 Goodale Ave. Overland, MO 63114		TIME OF INSPECTION 3:01 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 # AG313001 EXP. DATE 05/10/2025
- 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  .100	TEST 2  .099	TEST 3  .099
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- 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).

<b>INSPECTING OFFICER</b>	
SIGNATURE 	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.

NO. 11  
Name: Overland, mo, 63114  
Date: 11/11/14  
Time: 10:00  
Alt: 1000  
Dist: 1000  
Elev: 1000  
Temp: 1000  
Wind: 1000  
Dir: 1000  
Speed: 1000  
Pressure: 1000  
Humidity: 1000  
Dewpoint: 1000  
Clouds: 1000  
Visibility: 1000  
Remarks: test 1  
C. Schott SV6  
2410 Goodale  
Overland, mo, 63114

NO. 12  
Name: Overland, mo, 63114  
Date: 11/11/14  
Time: 10:00  
Alt: 1000  
Dist: 1000  
Elev: 1000  
Temp: 1000  
Wind: 1000  
Dir: 1000  
Speed: 1000  
Pressure: 1000  
Humidity: 1000  
Dewpoint: 1000  
Clouds: 1000  
Visibility: 1000  
Remarks: test 2  
C. Schott SV6  
2410 Goodale  
Overland, mo, 63114

NO. 13  
Name: Overland, mo, 63114  
Date: 11/11/14  
Time: 10:00  
Alt: 1000  
Dist: 1000  
Elev: 1000  
Temp: 1000  
Wind: 1000  
Dir: 1000  
Speed: 1000  
Pressure: 1000  
Humidity: 1000  
Dewpoint: 1000  
Clouds: 1000  
Visibility: 1000  
Remarks: test 3  
C. Schott SV6  
2410 Goodale  
Overland, mo, 63114

NO. 14  
Name: Overland, mo  
Date: 11/11/14  
Time: 10:00  
Alt: 1000  
Dist: 1000  
Elev: 1000  
Temp: 1000  
Wind: 1000  
Dir: 1000  
Speed: 1000  
Pressure: 1000  
Humidity: 1000  
Dewpoint: 1000  
Clouds: 1000  
Visibility: 1000  
Remarks: RFI!  
C. Schott SV6  
2410 Goodale  
Overland, mo  
63114





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

2

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 Mason*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Dave E. Nicholson*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R6-10)

MO 580-0771 (6-10)



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

