



ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

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 062092 | PRINTER SN 03A.2436.036 | DATE OF INSPECTION 11/02/2023 |
|-----------------------------|----------------------------|----------------------------------|

| | |
|--------------------------------------------------------------------------------------|-------------------------------|
| LOCATION OF INSTRUMENT (STREET AND CITY) 4001 NE Lakewood CT Lees Summit MO 64064 | TIME OF INSPECTION 7:27 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

| | |
|---------------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> SIMULATOR SOLUTION | <input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE |
|---------------------------------------------|--------------------------------------------------------------------|

STANDARD SUPPLIER Intoximeters LOT # AG304002 EXP. DATE 02/09/2025

SIMULATOR TEMPERATURE (34°C ± 0.2°C) _____ SIMULATOR SN _____ SIMULATOR 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 ➔ .101 | TEST 2 ➔ .100 | TEST 3 ➔ .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 | (0-.04) | 0 | (.05-.09) | 0 | (.10-.14) | 0 | (.15-.19) | 0 | (OVER .19) | 0 |
|----------|---|---------|---|-----------|---|-----------|---|-----------|---|------------|---|

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).

Instrument meets all DHSS standards and guidelines.
Time Change Complete

INSPECTING OFFICER

| | |
|------------------------------------------------------------|---------------------------------------|
| SIGNATURE | PRINT NAME Dep. S. Plain #101/0448 |
| TYPE II PERMIT NUMBER/EXPIRATION DATE 220007 01/06/2024 | TELEPHONE NUMBER (816) 541-8017 |

Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office
2875 James Boulevard
Poplar Bluff, MO 63901

AS IV Serial no: 062092
Version no: 532B

TEST RECORD 01688 ^{a/}
Temp Date Time 210L
Air Blank: 11/02/23 19:27 .000
Calibration Check: 21 11/02/23 19:27 .101

Subject Name
Monthly Maint.
Subject I.D.
Operator Name, I.D.
Location
GHC

AS IV Serial no: 062092
Version no: 532B

TEST RECORD 01689 ^{a/}
Temp Date Time 210L
Air Blank: 11/02/23 19:30 .000
Calibration Check: 21 11/02/23 19:30 .100

Subject Name
Monthly Maint.
Subject I.D.
Operator Name, I.D.
Location
GHC

AS IV Serial no: 062092
Version no: 532B

TEST RECORD 01690 ^{a/}
Temp Date Time 210L
Air Blank: 11/02/23 19:32 .000
Calibration Check: 21 11/02/23 19:32 .100

Subject Name
Monthly Maint.
Subject I.D.
Operator Name, I.D.
Location
GHC

AS IV Serial no: 062092
Version no: 532B

TEST RECORD 01695 ^{a/}
Temp Date Time 210L
VOID: RFI
12 11/02/23 19:37

Subject Name
Monthly Maint.
Subject I.D.
Operator Name, I.D.
Location
GHC



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



PERMIT
TYPE II
SEAN PLAIN

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 1/6/2022

NUMBER 220007

EXPIRES 1/6/2024

Laura E. Noy

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Donald A. Kamm

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES



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 PLAIN, SEAN

Permit No 220007

Date Issued 1/6/2022 Date Expires 1/6/2024

