



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 STATE PUBLIC HEALTH LABORATORY  
**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 070763	NAME OF AGENCY Park Hills Police Department	DATE OF INSPECTION 08/20/2023
LOCATION OF INSTRUMENT (STREET AND CITY) 7 municipal Dr. Park Hills		TIME OF INSPECTION 9:14 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 LOT # AG312201 EXP. DATE 05/02/2025

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 .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).

**INSPECTING OFFICER**

SIGNATURE

PRINT NAME  
 Jared Roark

TYPE II PERMIT NUMBER/EXPIRATION DATE  
 220169 / 06-24-2024

TELEPHONE NUMBER  
 431-3122

**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: 070763  
Version no: 532B

TEST RECORD 01096

Temp Date Time <sup>g/</sup> 210L

Air Blank:  
08/20/23 14:03 .000  
Calibration Check:  
24 08/20/23 14:03 .100

Subject Name

Subject I.D.

Operator Name. I.D.

Location

Test 1

AS IV Serial no: 070763  
Version no: 532B

TEST RECORD 01097

Temp Date Time <sup>g/</sup> 210L

Air Blank:  
08/20/23 14:05 .000  
Calibration Check:  
25 08/20/23 14:05 .100

Subject Name

Subject I.D.

Operator Name. I.D.

Location

Test 2

AS IV Serial no: 070763  
Version no: 532B

TEST RECORD 01098

Temp Date Time <sup>g/</sup> 210L

Air Blank:  
08/20/23 14:07 .000  
Calibration Check:  
25 08/20/23 14:07 .100

Subject Name

Subject I.D.

Operator Name. I.D.

Location

Test 3

AS IV Serial no: 070763  
Version no: 532B

TEST RECORD 01099

Temp Date Time <sup>g/</sup> 210L

VOID: RFI  
12 08/20/23 14:08

Subject Name

Subject I.D.

Operator Name. I.D.

Location

Test 4

RFI





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



**PERMIT**  
**TYPE II**  
**JARED ROARK**

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 DMT**

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 220169

EXPIRES 6/24/2024

*Mike Massman*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Paula J. Nielson*

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** ROARK, JARED  
**Permit No** 220169  
**Date Issued** 6/24/2022    **Date Expires** 6/24/2024

