



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 087965	NAME OF AGENCY Cass County Sheriff's Office	DATE OF INSPECTION 09/05/2023
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LOCATION OF INSTRUMENT (STREET AND CITY) 2501 W. Mechanic, Harrisonville	TIME OF INSPECTION 1615
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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 # AG305102 EXP. DATE 02/20/2025

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 = 1.00

TEST 2 = 1.00

TEST 3 = 1.00

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
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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

PRINT NAME
Det. Cpl. James Rew

TYPE II PERMIT NUMBER/EXPIRATION DATE
220231 09/09/2024

TELEPHONE NUMBER
(816) 380-5200

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: 087965
Version no: 532B

TEST RECORD 00699

Temp Date Time ^{a/} 210L

Air Blank:
09/05/23 16:18 .000
Calibration Check:
22 09/05/23 16:18 .100

Subject Name

Test 2
Subject I.D.

Operator Name, I.D.

Row 220231 9/9/24

Location

2501 W. Medway

AS IV Serial no: 087965
Version no: 532B

TEST RECORD 00700

Temp Date Time ^{a/} 210L

Air Blank:
09/05/23 16:20 .000
Calibration Check:
22 09/05/23 16:20 .100

Subject Name

Test 3
Subject I.D.

Operator Name, I.D.

Row 220231 9/9/24

Location

2501 W. Medway

AS IV Serial no: 087965
Version no: 532B

TEST RECORD 00702

Temp Date Time ^{a/} 210L

Air Blank:
09/05/23 16:24 .000
Subject Test: Auto
23 09/05/23 16:24 .000

Subject Name

Test Blank
Subject I.D.

Operator Name, I.D.

Row 220231 9/9/24

Location

2501 W. Medway

AS IV Serial no: 087965
Version no: 532B

TEST RECORD 00698

Temp Date Time ^{a/} 210L

Air Blank:
09/05/23 16:16 .000
Calibration Check:
21 09/05/23 16:16 .100

Subject Name

Test 7
Subject I.D.

Operator Name, I.D. 9/9/24

Row 220231

Location

2501 W. Medway

AS IV Serial no: 087965
Version no: 532B

TEST RECORD 00701

Temp Date Time ^{a/} 210L

VOID: RFI
12 09/05/23 16:22

Subject Name

Test RFI
Subject I.D.

Operator Name, I.D.

Row 220231 9/9/24

Location

2501 W. Medway



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



PERMIT
TYPE II
JAMES N. REW

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 9/9/2022

NUMBER 220231

EXPIRES 9/9/2024

Laura Q. Way

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Donald A. Kamm

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES