



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

**RECEIVED**  
 By Tracy Crews at 7:16 am, Oct 17, 2023

**ORIGINAL**

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 <b>087965</b>	NAME OF AGENCY Cass County Sheriff's Office	DATE OF INSPECTION <b>10/11/2023</b>
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LOCATION OF INSTRUMENT (STREET AND CITY) 2501 W. Mechanic, Harrisonville	TIME OF INSPECTION <b>1301</b>
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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**

<input type="checkbox"/> SIMULATOR SOLUTION	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>Intoximeters</u>	LOT # <u>AG305102</u> EXP. DATE <u>02/20/2025</u>
<input type="checkbox"/> 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 • <b>1.00</b>	TEST 2 • <b>1.00</b>	TEST 3 • <b>1.00</b>
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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	(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).

*New printer provided by Safety Center*

<b>INSPECTING OFFICER</b>	
SIGNATURE 	PRINT NAME <b>JAMES REW #563</b>
TYPE II PERMIT NUMBER/EXPIRATION DATE <b>226231 9/9/2024</b>	TELEPHONE NUMBER <b>816-380-5200</b>

**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 00704

Temp Date Time <sup>9/</sup>210L

Air Blank:  
10/11/23 13:01 .000  
Calibration Check:  
20 10/11/23 13:01 .100

Subject Name  
Test 1  
Subject I.D.

Operator Name, I.D.  
Kew 563 220231 9/9/24

Location  
2501 W. Medwin

AS IV Serial no: 087965  
Version no: 532B

TEST RECORD 00705

Temp Date Time <sup>9/</sup>210L

Air Blank:  
10/11/23 13:04 .000  
Calibration Check:  
21 10/11/23 13:04 .100

Subject Name  
Test 2  
Subject I.D.

Operator Name, I.D.  
Kew 563 220231 9/9/24

Location  
2501 W. Medwin

AS IV Serial no: 087965  
Version no: 532P

TEST RECORD 00706

Temp Date Time <sup>9/</sup>210L

Air Blank:  
10/11/23 13:06 .000  
Calibration Check:  
21 10/11/23 13:06 .100

Subject Name  
Test 3  
Subject I.D.

Operator Name, I.D.  
Kew 563 220231 9/9/24

Location  
2501 W. Medwin

AS IV Serial no: 087965  
Version no: 532B

TEST RECORD 00707

Temp Date Time <sup>9/</sup>210L

VOID: RFI  
12 10/11/23 13:08

Subject Name  
Test RFI  
Subject I.D.

Operator Name, I.D.  
Kew 563 220231 9/9/24

Location  
2501 W. Medwin

AS IV Serial no: 087965  
Version no: 532B

TEST RECORD 00708

Temp Date Time <sup>9/</sup>210L

Air Blank:  
10/11/23 13:10 .000  
Subject Test: Auto  
22 10/11/23 13:10 .000

Subject Name  
Test blank  
Subject I.D.

Operator Name, I.D.  
Kew 563 220231 9/9/24

Location  
2501 W. Medwin





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

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**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

*Laura E. Way*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 220231

*Donald A. Ramsey*

EXPIRES 9/9/2024

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES