



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

**RECEIVED**  
 By Tracy Crews at 7:46 am, Jun 08, 2023

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 087971	NAME OF AGENCY CARROLLTON POLICE DEPARTMENT	DATE OF INSPECTION 06/05/2023
LOCATION OF INSTRUMENT (STREET AND CITY) 1320 US 65 N., CARROLLTON, MO, 64633		TIME OF INSPECTION 7:27 P.M.

**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 # AG304002 EXP. DATE 02/09/2025

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 → .098	TEST 2 → .098	TEST 3 → .098
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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)	2	(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).  
 Maintenance conducted in accordance with DHSS standards.

<b>INSPECTING OFFICER</b>	
SIGNATURE 	PRINT NAME WILLIAM BARGER
TYPE II PERMIT NUMBER/EXPIRATION DATE 230029/2-17-2025	TELEPHONE NUMBER (660) 542-3128

Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office by mail, fax, or email.

CARROLLTON POLICE DEPARTMENT-BREATH ALCOHOL PROGRAM

AS-IV Serial no: 087971  
Version no: 532B  
TEST RECORD 00415  
Temp Date Time 210L  
AIR Blank: 06/05/23 19:27 .000  
Calibration Check: 25 06/05/23 19:27 .098  
Subject Name  
TEST #1  
Subject I.D.

Operator Name, I.D.  
W. BARGER #230029  
Location  
1320 US 65 N  
CARROLLTON, MO,  
604633

AS-IV Serial no: 087971  
Version no: 532B  
TEST RECORD 00416  
Temp Date Time 210L  
AIR Blank: 06/05/23 19:30 .000  
Calibration Check: 25 06/05/23 19:30 .096  
Subject Name  
TEST #2  
Subject I.D.

Operator Name, I.D.  
W. BARGER #230029  
Location  
1320 US 65 N  
CARROLLTON, MO,  
604633

AS-IV Serial no: 087971  
Version no: 532B  
TEST RECORD 00417  
Temp Date Time 210L  
AIR Blank: 06/05/23 19:32 .000  
Calibration Check: 25 06/05/23 19:32 .056  
Subject Name  
TEST #3  
Subject I.D.

Operator Name, I.D.  
W. BARGER #230029  
Location  
1320 US 65 N.  
CARROLLTON, MO,  
604633

AS-IV Serial no: 087971  
Version no: 532B  
TEST RECORD 00418  
Temp Date Time 210L  
VOID: RFI  
12 06/05/23 19:34  
Subject Name  
RFI TEST  
Subject I.D.

Operator Name, I.D.  
W. BARGER #230029  
Location  
1320 US 65 N  
CARROLLTON, MO,  
604633

TEST# 1

TEST #2

TEST #3

RFI TEST

AS-IV S/N: 087971 Type II Permit Holder: William Barger #230029-Exp: 02/17/2025 Date of Maintenance Report: 6/5/2023

Carrollton Police Department AS-IV Monthly Maintenance Report





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

2

**PERMIT**  
**TYPE II**  
**WILLIAM BARGER**

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 2/17/2023

NUMBER 230029

EXPIRES 2/17/2025

*Mike Mason*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Paula F. Nickelson*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R6-10)

 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 BARGER, WILLIAM  
 Permit No 230029  
 Date Issued 2/17/2023 Date Expires 2/17/2025

