



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 094802	NAME OF AGENCY Clay County Sheriff's Office	DATE OF INSPECTION 02/03/2023
LOCATION OF INSTRUMENT (STREET AND CITY) 12 S. Water St., Liberty, MO 64068		TIME OF INSPECTION 4:47 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 Intoximeter LOT # AG221502 EXP. DATE 08/03/2024

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  .099

TEST 2  .098

TEST 3  .098

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  
Keagon Reed

TYPE II PERMIT NUMBER/EXPIRATION DATE  
220230 09/09/2024

TELEPHONE NUMBER  
(816) 407-3700

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: 894882  
Version no: 532B

TEST RECORD 01784

Temp Date Time 210L

Air Blank:  
02/03/23 16:47 .000  
Calibration Check:  
23 02/03/23 16:47 .699

Subject Name

Test 1

Subject I.D.

Operator Name I.D.

Wengon Reed

Local ID

220230

AS IV Serial no: 894882  
Version no: 532B

TEST RECORD 01785

Temp Date Time 210L

Air Blank:  
02/03/23 16:49 .000  
Calibration Check:  
24 02/03/23 16:49 .698

Subject Name

Test 2

Subject I.D.

Operator Name I.D.

Wengon Reed

Local ID

220230

AS IV Serial no: 894882  
Version no: 532B

TEST RECORD 01786

Temp Date Time 210L

Air Blank:  
02/03/23 16:54 .000  
Calibration Check:  
24 02/03/23 16:54 .698

Subject Name

Test 3

Subject I.D.

Operator Name I.D.

Wengon Reed

Local ID

220230

AS IV Serial no: 894882  
Version no: 532B

TEST RECORD 01787

Temp Date Time 210L

VOID: RFI  
12 02/03/23 16:58

Subject Name

RFI Check

Subject I.D.

Operator Name I.D.

Wengon Reed

Local ID

220230





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



**PERMIT**  
**TYPE II**  
**KEAGON REED**

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 220230

EXPIRES 9/9/2024

*Laura Q. Day*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Donald A. Kamm*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 680-0771 (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 REED, KEAGON  
 Permit No 220230  
 Date Issued 9/9/2022 Date Expires 9/9/2024

