



**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 097421	NAME OF AGENCY Branson West Police Department	DATE OF INSPECTION 10/23/2023
LOCATION OF INSTRUMENT (STREET AND CITY) 110 Silver Lady Ln., Branson West, MO 65737		TIME OF INSPECTION 9:26 am

**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 # AG319402 EXP. DATE 07/13/2025

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 .097

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 Sgt. Aaron P. Hoelt
TYPE II PERMIT NUMBER/EXPIRATION DATE 210259 11-18-2023	TELEPHONE NUMBER

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

OS IV Serial no: 997421  
Version no: 3000

TEST REPORT 99966

Test Date Time 2100

Site Name  
19/23/23 09:26 000  
Calibration Check  
21 19/23/23 09:26 000

Subject Name

Test 1

Subject I.D.

test 1

Operator Name I.D.

Hoelt 210259

Location

BWPD

OS IV Serial no: 997421  
Version no: 3000

TEST REPORT 99967

Test Date Time 2100

Site Name  
19/23/23 09:23 000  
Calibration Check  
21 19/23/23 09:23 000

Subject Name

Test 2

Subject I.D.

test 2

Operator Name I.D.

Hoelt 210259

Location

BWPD

OS IV Serial no: 997421  
Version no: 3000

TEST REPORT 99968

Test Date Time 2100

Site Name  
19/23/23 09:09 000  
Calibration Check  
21 19/23/23 09:09 000

Subject Name

Test 3

Subject I.D.

test 3

Operator Name I.D.

Hoelt 210259

Location

BWPD

OS IV Serial no: 997421  
Version no: 3000

TEST REPORT 99969

Test Date Time 2100

Site Name  
19/23/23 09:03

Subject Name

RFI test

Subject I.D.

rfi test

Operator Name I.D.

Hoelt 210259

Location

BWPD





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



**PERMIT**  
**TYPE II**  
**AARON HOEFT**

Permittee 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 577.041, RSMo and 306.111 through 306.119 RSMo.

ISSUED: 11/18/2021

PERMIT NO: 210259

EXPIRES: 11/18/2023

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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: HOEFT, AARON  
Permit No: 210259  
Date Issued: 11/18/2021    Date Expires: 11/18/2023