



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 097430	PRINTER SN 096.3580.928	DATE OF INSPECTION 04/17/2023
LOCATION OF INSTRUMENT (STREET AND CITY) 205 N Lexington St Harrisonville MO 64701		TIME OF INSPECTION 10:24 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

<input type="checkbox"/> SIMULATOR SOLUTION	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>Intoximeters</u>	LOT # <u>AG304703</u> EXP. DATE <u>02/16/2025</u>
<input type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C)	SIMULATOR SN _____ SIMULATOR 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)

<input type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE
<input checked="" type="checkbox"/> 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE
<input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE

TEST 1 → 0.081	TEST 2 → 0.081	TEST 3 → 0.081
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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).

INSPECTING OFFICER

SIGNATURE <i>Brian Kincaide</i>	PRINT NAME Brian C. Kincaide
TYPE II PERMIT NUMBER/EXPIRATION DATE 230008 EXP: 1/10/2025	TELEPHONE NUMBER (816) 380-8940

Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office
2875 James Boulevard
Poplar Bluff, MO 63901

AS IV Serial no: 097430
Version no: 532B

TEST RECORD 00935

Temp Date Time 210L ^{9/}

Air Blank: 04/17/23 10:24 .000
Calibration Check: 19 04/17/23 10:24 .081

Subject Name

Test # 1

Subject I.D.

Operator Name, I.D. *Kinrade Brian*

APD-205 N Lexington
Location

AS IV Serial no: 097430
Version no: 532B

TEST RECORD 00936

Temp Date Time 210L ^{9/}

Air Blank: 04/17/23 10:26 .000
Calibration Check: 19 04/17/23 10:26 .081

Subject Name

Test # 2

Subject I.D.

Operator Name, I.D. *Kinrade Brian*

APD-205 N Lexington
Location

AS IV Serial no: 097430
Version no: 532B

TEST RECORD 00937

Temp Date Time 210L ^{9/}

Air Blank: 04/17/23 10:28 .000
Subject Test: Man
20 04/17/23 10:28 .081

Subject Name

Test # 3

Subject I.D.

Operator Name, I.D. *Kinrade Brian*

APD-205 N Lexington
Location

AS IV Serial no: 097430
Version no: 532B

TEST RECORD 00939

Temp Date Time 210L ^{9/}

VOID: RFI
12 04/17/23 10:33

Subject Name

Test # 4 RFI

Subject I.D.

Operator Name, I.D. *Kinrade Brian*

APD-205 N Lexington
Location



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

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**PERMIT
TYPE II**

BRIAN C. KINCAIDE

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 1/10/2023

NUMBER 230008

EXPIRES 1/10/2025

MO 580-0771 (6-10)

Mike Mason

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Paula J. Nielson

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 **KINCAIDE, BRIAN**
Permit No **230008**
Date Issued **1/10/2023** Date Expires **1/10/2025**

