



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 107983	NAME OF AGENCY Clay County Sheriff's Office	DATE OF INSPECTION 01/02/2023
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LOCATION OF INSTRUMENT (STREET AND CITY) 12 S. Water St., Liberty, MO 64068	TIME OF INSPECTION 7:37 pm
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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>AG221502</u> EXP. DATE <u>08/03/2024</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 ← .099	TEST 2 ← .101	TEST 3 ← .101
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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	2	(0-.04)	0	(.05-.09)	0	(.10-.14)	0	(.15-.19)	1	(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 Tom Butkovich
TYPE II PERMIT NUMBER/EXPIRATION DATE 220065 - 02/25/24	TELEPHONE NUMBER (816) 407-3702

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: 107983
Version no: 5320

TEST RECORD 01339

Year Date Time 210L

Air Blanks
01/02/23 19:44 .000
Calibration Check:
19 01/02/23 19:44 .099

Subject Name

Test # 1

Subject I.D.

Butkovich 8237

Operator Name, I.D.

CCSO

Location

AS IV Serial no: 107983
Version no: 5320

TEST RECORD 01341

Year Date Time 210L

Air Blanks
01/02/23 19:48 .000
Calibration Check:
22 01/02/23 19:48 .101

Subject Name

Test # 3

Subject I.D.

Butkovich 8237

Operator Name, I.D.

CCSO

Location

AS IV Serial no: 107983
Version no: 5320

TEST RECORD 01340

Year Date Time 210L

Air Blanks
01/02/23 19:46 .000
Calibration Check:
21 01/02/23 19:46 .101

Subject Name

Test # 2

Subject I.D.

Butkovich 8237

Operator Name, I.D.

CCSO

Location

AS IV Serial no: 107983
Version no: 5320

TEST RECORD 01342

Year Date Time 210L

VOID: RFI
12 01/02/23 19:49

Subject Name

RFI Test

Subject I.D.

Butkovich

Operator Name, I.D.

CCSO

Location



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

2

PERMIT
TYPE II
THOMAS F. BUTKOVICH

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 2/25/2022

NUMBER 220065

EXPIRES 2/25/2024

Laura P. Day

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Thomas F. Butkovich

, acting director

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 BUTKOVICH, THOMAS
Permit No 220065
Date Issued 2/25/2022 Date Expires 2/25/2024

