



RECEIVED
By Tracy Crews at 9:21 am, Mar 13, 2023

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

Complete this report in duplicate at the time of the regular monthly preventative maintenance check, and whenever instrument is Send copy to Department of Health and Senior Services; retain original in department file.

ALCO SENSOR IV SN 110743	NAME OF AGENCY Saint Joseph Police Department	DATE OF INSPECTION 03/10/2023
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LOCATION OF INSTRUMENT (STREET AND CITY) 501 Faraon Street, Saint Joseph MO. 64501	TIME OF INSPECTION 6:39 am
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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 observ 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>AG304601</u> EXP. DATE <u>02/15/2025</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 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 ➡ 0.102	TEST 2 ➡ 0.101	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	(0-.04)	(.05-.09)	(.10-.14)	(.15-.19)	(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 established limits (use other side if necessary).

INSPECTING OFFICER

SIGNATURE 	PRINT NAME John L. Foster
TYPE II BEI (MIT NUMBER/EXPIRATION DATE) 210197 Exp-09/09/2023	TELEPHONE NUMBER (816) 596-8206

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

**ASIV/WITH PRINTER MONTHLY MAINTENANCE REPORT, SAINT JOSEPH
POLICE DEPARTMENT 501 FARAON STREET ST. JOSEPH MO. 64501**

AS IV Serial no: 110743
Version no: 532B

TEST RECORD 01941 s/
Temp Date Time 210L

Air Blank: 03/10/23 06:37 .000
Calibration Check: 21 03/10/23 06:37 .102

Subject Name Monthly Testing
Subject I.D. J Foster 28877
Operator Name, I.D. 501 Faraon Street
Location Saint Joseph Mo
LEC

AS IV Serial no: 110743
Version no: 532B

TEST RECORD 01942 s/
Temp Date Time 210L

VOID: RFI 12 03/10/23 06:39

Subject Name Monthly Testing
Subject I.D. J Foster 28877
Operator Name, I.D. 501 Faraon
Location Saint Joseph Mo 64501
LEC

AS IV Serial no: 110743
Version no: 532B

TEST RECORD 01943 s/
Temp Date Time 210L

Air Blank: 03/10/23 06:40 .000
Calibration Check: 23 03/10/23 06:40 .101

Subject Name Monthly Test
Subject I.D. J Foster 28877
Operator Name, I.D. 501 Faraon
Location LEC

AS IV Serial no: 110743
Version no: 532B

TEST RECORD 01944 s/
Temp Date Time 210L

Air Blank: 03/10/23 06:42 .000
Calibration Check: 23 03/10/23 06:42 .101

Subject Name Monthly Testing
Subject I.D. J Foster 28877
Operator Name, I.D. 501 Faraon
Location LEC



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

2

PERMIT
TYPE II
JOHN L. FOSTER

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 9/9/2021

NUMBER 210197

EXPIRES 9/9/2023

Laura P. Way

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Donald S. Kauffman

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R6-10)

MO 580-0771 (6-10)



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 FOSTER, JOHN
Permit No 210197
Date Issued 9/9/2021 **Date Expires** 9/9/2023

