



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 111643	PRINTER SN 09B.3589.470	DATE OF INSPECTION 01/04/2023
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LOCATION OF INSTRUMENT (STREET AND CITY) 4001 NE Lakewood Way Ct., Lee's Summit, Mo 64064	TIME OF INSPECTION 9:35 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>AG304002</u> EXP. DATE <u>02/09/2025</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)

- 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 ➔ .103	TEST 2 ➔ .102	TEST 3 ➔ .102
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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)	2	(.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).

Instrument meets all DHSS standards and guidelines.

**INSPECTING OFFICER**

SIGNATURE ▶ <i>C. Bennett</i>	PRINT NAME Dep. C. Bennett #81/0481
TYPE II PERMIT NUMBER/EXPIRATION DATE 230176 08/11/2025	TELEPHONE NUMBER (816) 524-4302

**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: 111643  
Version no: 532B

TEST RECORD 00562 <sup>s/</sup>  
Temp Date Time 210L

Air Blank: 01/04/24 21:35 .000  
Calibration Check: 18 01/04/24 21:35 .103

Subject Name

Test

Subject I.D.

1

Operator Name, I.D.

BENNETT 230195

Location

SCSO GHQ

AS IV Serial no: 111643  
Version no: 532B

TEST RECORD 00563 <sup>s/</sup>  
Temp Date Time 210L

Air Blank: 01/04/24 21:38 .000  
Calibration Check: 20 01/04/24 21:38 .102

Subject Name

Test

Subject I.D.

2

Operator Name, I.D.

BENNETT 230195

Location

SCSO GHQ

AS IV Serial no: 111643  
Version no: 532B

TEST RECORD 00564 <sup>s/</sup>  
Temp Date Time 210L

Air Blank: 01/04/24 21:40 .000  
Calibration Check: 21 01/04/24 21:40 .102

Subject Name

Test

Subject I.D.

3

Operator Name, I.D.

BENNETT 230195

Location

SCSO GHQ

AS IV Serial no: 111643  
Version no: 532B

TEST RECORD 00565 <sup>s/</sup>  
Temp Date Time 210L

VOID: RFI  
12 01/04/24 21:42

Subject Name

Test

Subject I.D.

RFI

Operator Name, I.D.

BENNETT 230195

Location

SCSO GHQ





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



**PERMIT  
 TYPE II**

**CHRISTOPHER BENNETT**

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 8/31/2023

NUMBER 230195

EXPIRES 8/31/2025

*Mike Mason*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Dave J. Nielson*

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 BENNETT, CHRISTOPHER  
 Permit No 230195  
 Date Issued 8/31/2023 Date Expires 8/31/2025

