



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 111654	NAME OF AGENCY Platte County Sheriff's Office	DATE OF INSPECTION 12/22/2023
LOCATION OF INSTRUMENT (STREET AND CITY) 415 Third Street, Platte City, Missouri 64079		TIME OF INSPECTION 10:39 pm

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, Inc. LOT # AG309501 EXP. DATE 04/05/2025

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 • .099	TEST 2 • .098	TEST 3 • .098
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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 and within established limits (use other side if necessary).

INSPECTING OFFICER

SIGNATURE 	PRINT NAME William Beeler
TYPE II PERMIT NUMBER/EXPIRATION DATE 220122 05/11/2024	TELEPHONE NUMBER (816) 858-3521

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: 111654
Version no: 532B

TEST RECORD 00303

Temp Date Time ^{9/} 210L

Air Blank:
12/22/23 22:39 .000
Calibration Check:
20 12/22/23 22:39 .099

Subject Name
Test 1
Subject I.D.

Operator Name, I.D.
W. Beck 220122
5/11/24

Location
415 Third St
Platte City MO

AS IV Serial no: 111654
Version no: 532B

TEST RECORD 00304

Temp Date Time ^{9/} 210L

Air Blank:
12/22/23 22:41 .000
Calibration Check:
21 12/22/23 22:41 .098

Subject Name
Test 2
Subject I.D.

Operator Name, I.D.
W. Beck 220122
5/11/24

Location
415 Third St
Platte City MO

AS IV Serial no: 111654
Version no: 532B

TEST RECORD 00305

Temp Date Time ^{9/} 210L

Air Blank:
12/22/23 22:43 .000
Calibration Check:
22 12/22/23 22:43 .098

Subject Name
Test 3
Subject I.D.

Operator Name, I.D.
W. Beck 220122
5/11/24

Location
415 Third St
Platte City MO

AS IV Serial no: 111654
Version no: 532B

TEST RECORD 00306

Temp Date Time ^{9/} 210L

UOID: RFI
12 12/22/23 22:44

Subject Name
RFI
Subject I.D.

Operator Name, I.D.
W. Beck 220122
5/11/24

Location
415 Third St
Platte City MO

AS IV Serial no: 111654
Version no: 532B

TEST RECORD 00307

Temp Date Time ^{9/} 210L

Air Blank:
12/22/23 22:45 .000
Subject Test: Auto
23 12/22/23 22:45 .000

Subject Name
Blank Sobr
Subject I.D.

Operator Name, I.D.
W. Beck 220122
5/11/24

Location
415 Third St
Platte City MO



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



PERMIT
TYPE II
WILLIAM BEELER

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 DMT

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 5/11/2022

Laura Q. Day

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 220122

Paula J. Nielson

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

EXPIRES 5/11/2024

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 **BEELER, WILLIAM**
 Permit No **220122**
 Date Issued **5/11/2022** Date Expires **5/11/2024**

