



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 111659	PRINTER SN 09B.3589.478	DATE OF INSPECTION 09/28/2023
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LOCATION OF INSTRUMENT (STREET AND CITY) 4001 NE Lakewood Way Ct., Lee's Summit, Mo 64064	TIME OF INSPECTION 10:35 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 ➔ .095	TEST 2 ➔ .095	TEST 3 ➔ .095
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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	5	(0-.04)	0	(.05-.09)	2	(.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).  
 Instrument meets all DOHSS standards and guidelines.

**INSPECTING OFFICER**

SIGNATURE <i>[Signature]</i> #63/0411	PRINT NAME Dep. S. Stoff #63/0411
TYPE/LICENSURE NUMBER/EXPIRATION DATE 220266 12-02-2024	TELEPHONE NUMBER (816) 541-8017

**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: 111659  
Version no: 532B

TEST RECORD 00892 s/  
Temp Date Time 210L

Air Blank: 09/28/23 22:35 .000  
Calibration Check: 27 09/28/23 22:35 .095

Subject Name  
TEST #1  
Subject I.D.  
Monthly Maint  
Operator Name, I.D.  
Staff  
Location  
ACSO GTHQ

AS IV Serial no: 111659  
Version no: 532B

TEST RECORD 00893 s/  
Temp Date Time 210L

Air Blank: 09/28/23 22:37 .000  
Calibration Check: 27 09/28/23 22:37 .095

Subject Name  
TEST #2  
Subject I.D.  
Monthly Maint  
Operator Name, I.D.  
Staff  
Location  
ACSO GTHQ

AS IV Serial no: 111659  
Version no: 532B

TEST RECORD 00894 s/  
Temp Date Time 210L

Air Blank: 09/28/23 22:39 .000  
Calibration Check: 27 09/28/23 22:39 .095

Subject Name  
TEST #3  
Subject I.D.  
Monthly Maint  
Operator Name, I.D.  
Staff  
Location  
ACSO GTHQ

AS IV Serial no: 111659  
Version no: 532B

TEST RECORD 00895 s/  
Temp Date Time 210L

VOID: RFI  
12 09/28/23 22:40

Subject Name  
RFI TEST  
Subject I.D.  
Monthly Maint  
Operator Name, I.D.  
Staff  
Location  
ACSO GTHQ





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

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**PERMIT**  
**TYPE II**  
**SEAN R. STOFF**

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 12/2/2022

*Mike Massum*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 220266

*David J. Nicholson*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

EXPIRES 12/2/2024

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 STOFF, SEAN  
Permit No 220266  
Date Issued 12/2/2022 Date Expires 12/2/2024

