



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 111756	NAME OF AGENCY GRAIN VALLEY POLICE DEPARTMENT	DATE OF INSPECTION 02/22/2023
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LOCATION OF INSTRUMENT (STREET AND CITY) 711 NORTH MAIN, GRAIN VALLEY	TIME OF INSPECTION 1945 hours
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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

- SIMULATOR SOLUTION COMPRESSED ETHANOL-GAS MIXTURE
- STANDARD SUPPLIER GUTH LOT # 22310 EXP. DATE 09/11/2024
- SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0 SIM. SN SD1434 SIM. NIST EXP DATE 09/07/2023

- 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 .104	TEST 2 .103	TEST 3 .103
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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 SHANNON CARR
TYPE II PERMIT NUMBER/EXPIRATION DATE 09/09/2024	TELEPHONE NUMBER (816) 847-6250

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: 111756
Version no: 532B

TEST RECORD 00175

Temp Date Time ^{s/} 210L

Air Blank:
02/22/23 19:45 .000
Calibration Check:
18 02/22/23 19:45 .104

Subject Name

TEST 1

Subject I.D.

TEST 1

Operator Name, I.D.

SHANNON CARR 220219

Location

711 N. Main

Grain Valley, MO 64029

AS IV Serial no: 111756
Version no: 532B

TEST RECORD 00176

Temp Date Time ^{s/} 210L

Air Blank:
02/22/23 19:47 .000
Calibration Check:
19 02/22/23 19:47 .103

Subject Name

TEST 2

Subject I.D.

TEST 2

Operator Name, I.D.

SHANNON CARR 220219

Location

711 N. Main

Grain Valley, MO 64029

AS IV Serial no: 111756
Version no: 532B

TEST RECORD 00177

Temp Date Time ^{s/} 210L

Air Blank:
02/22/23 19:49 .000
Calibration Check:
20 02/22/23 19:49 .103

Subject Name

TEST 3

Subject I.D.

TEST 3

Operator Name, I.D.

SHANNON CARR 220219

Location

711 N. Main

Grain Valley, MO 64029

AS IV Serial no: 111756
Version no: 532B

TEST RECORD 00178

Temp Date Time ^{s/} 210L

VOID: RFI
12 02/22/23 19:50

Subject Name

TEST 4

Subject I.D.

TEST 4

Operator Name, I.D.

SHANNON CARR 220219

Location

711 N. Main

Grain Valley, MO 64029



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

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PERMIT
TYPE II
SHANNON L. CARR

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, INTOXILYZER 8000

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 9/9/2022

NUMBER 220219

EXPIRES 9/9/2024

MO 580-0771 (6-10)

Laura Q. Way

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Donald A. Ramsey

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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 CARR, SHANNON
 Permit No 220219
 Date Issued 9/9/2022 Date Expires 9/9/2024

