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By Tracy Crews at 1:53 pm, Dec 04, 2023

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 12/04/2023
LOCATION OF INSTRUMENT (STREET AND CITY) 711 N. Main, Grain Valley		TIME OF INSPECTION

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 08/11/2024 SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0 SIM. SN SD1434 SIM. NIST EXP DATE 09/28/2023 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 ➡ .102

TEST 2 ➡ .102

TEST 3 ➡ .102

 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)

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 L. CARR

TYPE II PERMIT NUMBER/EXPIRATION DATE

220219 / EXP 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 00277

Temp Date Time ^{s/} 210L

Air Blank:
12/04/23 11:00 .000
Calibration Check:
18 12/04/23 11:00 .102

Subject Name
TEST 1
Subject I.D.

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 00278

Temp Date Time ^{s/} 210L

Air Blank:
12/04/23 11:01 .000
Calibration Check:
18 12/04/23 11:01 .102

Subject Name
TEST 2
Subject I.D.

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 00279

Temp Date Time ^{s/} 210L

Air Blank:
12/04/23 11:02 .000
Calibration Check:
19 12/04/23 11:02 .102

Subject Name
TEST 3
Subject I.D.

Operator Name, I.D.
Shannon Carr 220219
Location
711 N. Main
Grain Valley, MO 64029

AS IV Serial no: 111756
Version no: 532B

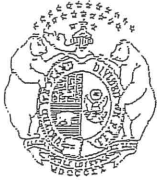
TEST RECORD 00280

Temp Date Time ^{s/} 210L

VOID: RFI
12 12/04/23 11:04

Subject Name
TEST 4
Subject I.D.

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

2

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. Noy

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Donald S. Kamm

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

