



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 111759	NAME OF AGENCY Clay County Sheriff's Office	DATE OF INSPECTION 02/03/2023
LOCATION OF INSTRUMENT (STREET AND CITY) 12 S. Water St., Liberty, MO 64068		TIME OF INSPECTION 5:27 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 Intoximeter LOT # AG221502 EXP. DATE 08/03/2024

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 .101

TEST 2 .101

TEST 3 .100

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)	1	(.05-.09)	3	(.10-.14)	1	(.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).

INSPECTING OFFICER

SIGNATURE

PRINT NAME
Keagon Reed

TYPE II PERMIT NUMBER/EXPIRATION DATE
220230 09/09/2024

TELEPHONE NUMBER
(816) 407-3700

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: 111259
Version no: 532B

TEST RECORD 06273

Time Date Time ^W 210L

Air Blank:
02/03/23 17:27 .000
Calibration Check:
19 02/03/23 17:27 .181

Subject Name

Test 1
Subject I.D.

Operator Name I.D.

Hengon Reoal
Location
220230

AS IV Serial no: 111259
Version no: 532B

TEST RECORD 06274

Time Date Time ^W 210L

Air Blank:
02/03/23 17:29 .000
Calibration Check:
19 02/03/23 17:29 .181

Subject Name

Test 2
Subject I.D.

Operator Name I.D.

Hengon Reoal
Location
220230

AS IV Serial no: 111259
Version no: 532B

TEST RECORD 06275

Time Date Time ^W 210L

Air Blank:
02/03/23 17:30 .000
Calibration Check:
19 02/03/23 17:30 .180

Subject Name

Test 3
Subject I.D.

Operator Name I.D.

Hengon Reoal
Location
220230

AS IV Serial no: 111259
Version no: 532B

TEST RECORD 06276

Time Date Time ^W 210L

VOID: RFI
12 02/03/23 17:32

Subject Name

RFI Check
Subject I.D.

Operator Name I.D.

Hengon Reoal
Location
220230



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



PERMIT
TYPE II
KEAGON REED

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 9/9/2022

NUMBER 220230

EXPIRES 9/9/2024

Laura A. Day

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Donald A. Ramsey

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 REED, KEAGON
 Permit No 220230
 Date Issued 9/9/2022 Date Expires 9/9/2024

