



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 03/03/2023
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LOCATION OF INSTRUMENT (STREET AND CITY) 12 S. Water St., Liberty, MO 64068	TIME OF INSPECTION 5:50 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

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 .100

TEST 2 .100

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)	0	(.05-.09)	1	(.10-.14)	3	(.15-.19)	0	(OVER .19)	1
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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
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TYPE II PERMIT NUMBER/EXPIRATION DATE 220230 09/09/2024	TELEPHONE NUMBER (816) 407-3700
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Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office by mail, fax, or email.

AS 10 Serial no: 111259
Version no: 532B

TEST RECORD 00282

Temp Date Time 2100

Air Blanks
03/03/23 17:50 .000
Calibration Checks
14 03/03/23 17:50 .100

Subject Name

Test 1

Subject I.D.

Operator Name: I.D.

Keenan Reed

Location

220230

AS 10 Serial no: 111259
Version no: 532B

TEST RECORD 00283

Temp Date Time 2100

Air Blanks
03/03/23 17:52 .000
Calibration Checks
15 03/03/23 17:52 .100

Subject Name

Test 2

Subject I.D.

Operator Name: I.D.

Keenan Reed

Location

220230

AS 10 Serial no: 111259
Version no: 532B

TEST RECORD 00284

Temp Date Time 2100

Air Blanks
03/03/23 17:54 .000
Calibration Checks
17 03/03/23 17:54 .100

Subject Name

Test 3

Subject I.D.

Operator Name: I.D.

Keenan Reed

Location

220230

AS 10 Serial no: 111259
Version no: 532B

TEST RECORD 00285

Temp Date Time 2100

QC/IRI RFI
12 03/03/23 17:15

Subject Name

RFI Check

Subject I.D.

Operator Name: I.D.

Keenan Reed

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. Keating

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

