



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 STATE PUBLIC HEALTH LABORATORY
ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

RECEIVED

By Tracy Crews at 8:48 am, Aug 09, 2023

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 08/05/2023 |
|-----------------------------|--|----------------------------------|

| | |
|--|--------------------------------|
| LOCATION OF INSTRUMENT (STREET AND CITY) 12 S. Water St., Liberty, MO 64068 | TIME OF INSPECTION 12:37 am |
|--|--------------------------------|

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 Intoximeters 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 ← .099

TEST 2 ← .098

TEST 3 ← .098

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) | 0 | (.10-.14) | 0 | (.15-.19) | 0 | (OVER .19) | 0 |
|----------|---|---------|---|-----------|---|-----------|---|-----------|---|------------|---|

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
 Tom Butkovich

TYPE II PERMIT NUMBER/EXPIRATION DATE
 230113 - 06/05/2025

TELEPHONE NUMBER
 (816) 407-3702

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: 111759
Version no: 532B

TEST RECORD 00325

Temp Date Time 210L

Air Blank:
08/05/23 00:36 .000
Calibration Check:
21 08/05/23 00:36 .099

Subject Name

Test # 1

Subject I.D.

Butkovich 8237

Operator Name, I.D.

Location

CCSO

AS IV Serial no: 111759
Version no: 532B

TEST RECORD 00326

Temp Date Time 210L

Air Blank:
08/05/23 00:37 .000
Calibration Check:
22 08/05/23 00:37 .090

Subject Name

Test # 2

Subject I.D.

Butkovich 8237

Operator Name, I.D.

Location

CCSO

AS IV Serial no: 111759
Version no: 532B

TEST RECORD 00327

Temp Date Time 210L

Air Blank:
08/05/23 00:39 .000
Calibration Check:
23 08/05/23 00:39 .098

Subject Name

Test # 3

Subject I.D.

Butkovich 8237

Operator Name, I.D.

Location

CCSO

AS IV Serial no: 111759
Version no: 532B

TEST RECORD 00328

Temp Date Time 210L

VOID: RFI
12 08/05/23 00:40

Subject Name

RFI Test

Subject I.D.

Butkovich 8237

Operator Name, I.D.

Location

CCSO



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

2

PERMIT
TYPE II
THOMAS F. BUTKOVICH

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 6/5/2023

NUMBER 230113

EXPIRES 6/5/2025

Mike Massman

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Paula J. Nicholson

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 BUTKOVICH, THOMAS
Permit No 230113
Date Issued 6/5/2023 Date Expires 6/5/2025

