



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 111763	NAME OF AGENCY Saint Joseph Police Department	DATE OF INSPECTION 09/05/2023
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LOCATION OF INSTRUMENT (STREET AND CITY) 501 Faraon Street, Saint Joseph MO. 64501	TIME OF INSPECTION 10:03 am
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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 Intoximeters LOT # AG304601 EXP. DATE 02/15/2025

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 .094

TEST 2 .093

TEST 3 .093

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 John L. Foster
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TYPE II PERMIT NUMBER/EXPIRATION DATE 230163 Exp-08/07/2025	TELEPHONE NUMBER (816) 596-8206
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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.

SAINT JOSEPH POLICE DEPARTMENT MONTHLY MAINTENANCE REPORT ASIV-

W/PRINTER

<p>AS IV Serial no: 111763 Version no: 532B</p> <p>TEST RECORD 00566 ^{s/} Temp Date Time 210L</p> <p>Air Blank: 09/05/23 10:03 .000 Calibration Check: 21 09/05/23 10:03 .094</p> <p>Subject Name <u>Monthly Testing</u></p> <p>Subject I.D. <u>Foster John 28977</u></p> <p>Operator Name, I.D. <u>501 Faren Street</u></p> <p>Location <u>Saint Joseph MO 64501</u></p> <p style="text-align: right;"><u>LEC</u></p>	<p>AS IV Serial no: 111763 Version no: 532B</p> <p>TEST RECORD 00567 ^{s/} Temp Date Time 210L</p> <p>Air Blank: 09/05/23 10:05 .000 Calibration Check: 22 09/05/23 10:05 .093</p> <p>Subject Name <u>Monthly Testing</u></p> <p>Subject I.D. <u>Foster</u></p> <p>Operator Name, I.D. <u>501 Faren Street</u></p> <p>Location <u>LEC</u></p>	<p>AS IV Serial no: 111763 Version no: 532B</p> <p>TEST RECORD 00568 ^{s/} Temp Date Time 210L</p> <p>Air Blank: 09/05/23 10:07 .000 Calibration Check: 23 09/05/23 10:07 .093</p> <p>Subject Name <u>Monthly Testing</u></p> <p>Subject I.D. <u>501 Faren Street</u></p> <p>Operator Name, I.D. <u>501 Faren Street</u></p> <p>Location <u>LEC</u></p>	<p>AS IV Serial no: 111763 Version no: 532B</p> <p>TEST RECORD 00569 ^{s/} Temp Date Time 210L</p> <p>VOID: RFI 12 09/05/23 10:07</p> <p>Subject Name <u>Monthly Testing</u></p> <p>Subject I.D. <u>Foster John 28977</u></p> <p>Operator Name, I.D. <u>501 Faren Street</u></p> <p>Location <u>Saint Joseph MO 64501</u></p> <p style="text-align: right;"><u>LEC</u></p>
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STATE OF MISSOURI
DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM

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PERMIT
TYPE II
JOHN L. FOSTER

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 9/9/2021

NUMBER 210197

EXPIRES 9/9/2023

Laura Q. Wray

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Donald A. Kamm

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R6-10)

MD 680-0771 (6-10)



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 FOSTER, JOHN
Permit No 210197
Date Issued 9/9/2021 **Date Expires** 9/9/2023

