



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 105445	NAME OF AGENCY Platte County Sheriff's Office	DATE OF INSPECTION 03/29/2024
LOCATION OF INSTRUMENT (STREET AND CITY) 11724 NW Plaza Circle, Kansas City, Missouri 64153		TIME OF INSPECTION 3:37 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 Intoximeters, Inc. LOT # AG309501 EXP. DATE 04/05/2025

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 .102

TEST 2 .101

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-.04) 2	(.05-.09) 1	(.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
William Beeler

TYPE II PERMIT NUMBER/EXPIRATION DATE
220122 / 05-11-2024

TELEPHONE NUMBER
(816) 858-3521

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: 105445
Version no: 532B

TEST RECORD 01285

Temp Date Time ^{g/} 210L

Air Blank:
03/29/24 15:37 .000
Calibration Check:
21 03/29/24 15:37 .102

Subject Name

Test 1

Subject I.D.

Operator Name, I.D.

W. Beeler 220122
5/11/24

Location

11724 NW Plaza Dr

KCMO 64153

AS IV Serial no: 105445
Version no: 532B

TEST RECORD 01286

Temp Date Time ^{g/} 210L

Air Blank:
03/29/24 15:40 .000
Calibration Check:
23 03/29/24 15:40 .101

Subject Name

Test 2

Subject I.D.

Operator Name, I.D.

W. Beeler 220122
5-11-24

Location

11724 NW Plaza Dr

KCMO 64153

AS IV Serial no: 105445
Version no: 532B

TEST RECORD 01287

Temp Date Time ^{g/} 210L

Air Blank:
03/29/24 15:43 .000
Calibration Check:
24 03/29/24 15:43 .098

Subject Name

Test 3

Subject I.D.

Operator Name, I.D.

W. Beeler 220122
5/11/24

Location

11724 NW Plaza Dr

KCMO 64153

AS IV Serial no: 105445
Version no: 532B

TEST RECORD 01288

Temp Date Time ^{g/} 210L

VOID: RFI
12 03/29/24 15:48

Subject Name

RFI

Subject I.D.

Operator Name, I.D.

W. Beeler 220122
5-11-24

Location

11724 NW Plaza Dr

KCMO 64153

AS IV Serial no: 105445
Version no: 532B

TEST RECORD 01289

Temp Date Time ^{g/} 210L

Air Blank:
03/29/24 15:49 .000
Subject Test: Auto
26 03/29/24 15:49 .000

Subject Name

Blank (Blank)

Subject I.D.

Operator Name, I.D.

W. Beeler 220122
5-11-24

Location

11724 NW Plaza Dr

KCMO 64153



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



PERMIT
TYPE II
WILLIAM BEELER

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 DMT

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 5/11/2022

NUMBER 220122

EXPIRES 5/11/2024

Laura E. Way

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Paula J. Nielsen

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R6-10)

MO 580-0771 (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 BEELER, WILLIAM
Permit No 220122
Date Issued 5/11/2022 **Date Expires** 5/11/2024

