



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 110743	NAME OF AGENCY Saint Joseph Police Department	DATE OF INSPECTION 03/04/2024
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LOCATION OF INSTRUMENT (STREET AND CITY) 501 Faraon Street, Saint Joseph MO. 64501	TIME OF INSPECTION 10:53 - 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 → 0.095

TEST 2 → 0.098

TEST 3 → 0.095

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.

**ASIV/WITH PRINTER MONTHLY MAINTENANCE REPORT, SAINT JOSEPH  
POLICE DEPARTMENT 501 FARAON STREET ST. JOSEPH MO. 64501**

AS IV Serial no:	AS IV Serial no:	AS IV Serial no:	AS IV Serial no:
110743	110743	110743	110743
Version no: 532B	Version no: 532B	Version no: 532B	Version no: 532B
TEST RECORD 02246	TEST RECORD 02247	TEST RECORD 02248	TEST RECORD 02249
9/	9/	9/	9/
Temp Date Time 210L	Temp Date Time 210L	Temp Date Time 210L	Temp Date Time 210L
VOID: RFI	Air Blank:	Air Blank:	Air Blank:
12 03/04/24 10:53	03/04/24 10:55 .000	03/04/24 10:57 .000	03/04/24 10:59 .000
Subject Name	Calibration Check:	Calibration Check:	Calibration Check:
	26 03/04/24 10:55 .098	26 03/04/24 10:57 .098	27 03/04/24 10:59 .095
<u>Monthly Testing</u>	<u>Monthly Test</u>	<u>Monthly Test</u>	<u>Monthly Test</u>
Subject I.D.	Subject I.D.	Subject I.D.	Subject I.D.
<u>Foster, Dk. 28977</u>	<u>Foster, Dk. 28977</u>	<u>Foster, Dk. 28977</u>	<u>Foster, Dk. 28977</u>
Operator Name, I.D.	Operator Name, I.D.	Operator Name, I.D.	Operator Name, I.D.
<u>501 Faraon Street</u>	<u>501 Faraon Street</u>	<u>501 Faraon Street</u>	<u>501 Faraon Street</u>
Location	Location	Location	Location
<u>Sgt Joseph McVey</u>	<u>Sgt Joseph McVey</u>	<u>Sgt Joseph McVey</u>	<u>Sgt Joseph McVey</u>
<u>LEC</u>	<u>LEC</u>	<u>LEC</u>	<u>LEC</u>





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



**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 8/7/2023

NUMBER 230163

EXPIRES 8/7/2025

*Mike Mason*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Paula J. Nielson*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES



**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** 230163  
**Date Issued** 8/7/2023    **Date Expires** 8/7/2025

