



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 111667	NAME OF AGENCY Platte County Sheriff's Office	DATE OF INSPECTION 01/26/2024
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LOCATION OF INSTRUMENT (STREET AND CITY) 415 Third Street, Platte City, Missouri 64079	TIME OF INSPECTION 1:42 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 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 .101	TEST 2 .101	TEST 3 .100
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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) 2	(.10-.14) 4	(.15-.19) 1	(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 William Beeler
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TYPE II PERMIT NUMBER/EXPIRATION DATE 220122 / 05-11-2024	TELEPHONE NUMBER (816) 858-3521
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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 IV Serial no: 111667
Version no: 532B

TEST RECORD 00822

Temp Date Time ^{g/}210L

Air Blank:
01/26/24 13:42 .000
Calibration Check:
21 01/26/24 13:42 .101

Subject Name
Test 1
Subject I.D.

Operator Name, I.D. ²²⁰¹²²
W. Beeler 5/11/24
Location
415 Third St
Platte City MO

AS IV Serial no: 111667
Version no: 532B

TEST RECORD 00823

Temp Date Time ^{g/}210L

Air Blank:
01/26/24 13:44 .000
Calibration Check:
21 01/26/24 13:44 .101

Subject Name
Test 2
Subject I.D.

Operator Name, I.D. ²²⁰¹²²
W. Beeler 5/11/24
Location
415 Third St
Platte City MO

AS IV Serial no: 111667
Version no: 532B

TEST RECORD 00824

Temp Date Time ^{g/}210L

Air Blank:
01/26/24 13:46 .000
Calibration Check:
22 01/26/24 13:46 .100

Subject Name
Test 3
Subject I.D.

Operator Name, I.D. ²²⁰¹²²
W. Beeler 5/11/24
Location
415 Third St
Platte City MO

AS IV Serial no: 111667
Version no: 532B

TEST RECORD 00825

Temp Date Time ^{g/}210L

Air Blank:
01/26/24 13:48 .000
Subject Test: Auto
23 01/26/24 13:48 .000

Subject Name
Sobor (Blank)
Subject I.D.

Operator Name, I.D. ²²⁰¹²²
W. Beeler 5/11/24
Location
415 Third St
Platte City MO

AS IV Serial no: 111667
Version no: 532B

TEST RECORD 00826

Temp Date Time ^{g/}210L

VOID: RFI
12 01/26/24 13:50

Subject Name
RFI
Subject I.D.

Operator Name, I.D. ²²⁰¹²²
W. Beeler 5/11/24
Location
415 Third St
Platte City MO



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. Wray

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Paula J. Nickelson

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 BEELER, WILLIAM
Permit No 220122
Date Issued 5/11/2022 **Date Expires** 5/11/2024

