



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

RECEIVED
 BY: [unclear] DIVISION OF [unclear] MOBILE UNIT

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 111670	NAME OF AGENCY Vernon County Sheriff's Office	DATE OF INSPECTION 03/02/2024
LOCATION OF INSTRUMENT (STREET AND CITY) 2040 E. Hunter St. Nevada, MO, 64772		TIME OF INSPECTION 1:00 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 # AG310901 EXP. DATE 04/19/2025

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 ← .081

TEST 2 ← .080

TEST 3 ← .080

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)

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

M. Weisense 275

PRINT NAME

M. Weisense 275

TYPE II PERMIT NUMBER/EXPIRATION DATE

240061 02/28/2026

TELEPHONE NUMBER

(417) 284-4400

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: 111670
Version no: 5025

TEST RECORD 00464
s/
Temp Date Time 2101

Air Blank:
03/16/74 01:38 .000
Calibration Check:
03/16/74 01:38 .001

Subject Name

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 111670
Version no: 5025

TEST RECORD 00465
s/
Temp Date Time 2101

Air Blank:
03/16/74 01:39 .000
Calibration Check:
03/16/74 01:39 .000

Subject Name

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 111670
Version no: 5025

TEST RECORD 00466
s/
Temp Date Time 2101

Air Blank:
03/13/74 01:40 .000
Calibration Check:
03/13/74 01:40 .000

Subject Name

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 111670
Version no: 5025

TEST RECORD 00467
s/
Temp Date Time 2101

Air Blank:
03/13/74 01:41

Subject Name

Subject I.D.

Operator Name, I.D.

Location



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

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**PERMIT
 TYPE II**

MICHAEL WEISENSEE

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

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 2/28/2024

NUMBER 240061

EXPIRES 2/28/2026

Mike Massman

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Dave J. Nickelson

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 WEISENSEE, MICHAEL
 Permit No 240061
 Date Issued 2/28/2024 Date Expires 2/28/2026

