



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

RECEIVED
 By Tracy Crews at 8:50 am, Apr 15, 2024

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 111767	NAME OF AGENCY Saint Joseph Police Department	DATE OF INSPECTION 04/15/2024
LOCATION OF INSTRUMENT (STREET AND CITY) 501 Faraon Street, Saint Joseph MO. 64501		TIME OF INSPECTION 7:04 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

<input type="checkbox"/> SIMULATOR SOLUTION	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>Intoximeters</u>	LOT # <u>AG304601</u> EXP. DATE <u>02/15/2025</u>
<input type="checkbox"/> 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 • .103	TEST 2 • .098	TEST 3 • .102
---------------	---------------	---------------

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

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: 111767 Version no: 532B</p> <p>TEST RECORD 000594</p> <p>Temp Date Time 210L</p> <p>Air Blank: 04/15/24 07:09 .000 Calibration Check: 23 04/15/24 07:09 .102</p> <p>Subject Name: <u>Monthly Test</u> Subject I.D.: <u>Foster, John 28977</u> Operator Name: <u>501 Farson Street</u> Location: <u>Saint Joseph Mo 64501</u> <u>LEC</u></p>	<p>AS IV Serial no: 111767 Version no: 532B</p> <p>TEST RECORD 000593</p> <p>Temp Date Time 210L</p> <p>Air Blank: 04/15/24 07:08 .000 Calibration Check: 23 04/15/24 07:08 .100</p> <p>Subject Name: <u>Monthly Test</u> Subject I.D.: <u>Foster, John - 28977</u> Operator Name: <u>LEC</u> Location: _____</p>	<p>AS IV Serial no: 111767 Version no: 532B</p> <p>TEST RECORD 000592</p> <p>Temp Date Time 210L</p> <p>NOID: RFI 12 04/15/24 07:08</p> <p>Subject Name: <u>Monthly Test</u> Subject I.D.: <u>Foster, John 28977</u> Operator Name: <u>LEC</u> Location: _____</p>	<p>AS IV Serial no: 111767 Version no: 532B</p> <p>TEST RECORD 000591</p> <p>Temp Date Time 210L</p> <p>Air Blank: 04/15/24 07:04 .000 Calibration Check: 21 04/15/24 07:04 .100</p> <p>Subject Name: <u>Monthly Test</u> Subject I.D.: <u>Foster, John 28977</u> Operator Name: <u>501 Farson Street</u> Location: <u>Saint Joseph Mo 64501</u> <u>LEC</u></p>
---	---	--	---



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 Mazzoni

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Dave F. Nicholson

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 FOSTER, JOHN
 Permit No 230163
 Date Issued 8/7/2023 Date Expires 8/7/2025

