



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 <b>097412</b>	NAME OF AGENCY <b>Kansas City PD</b>	DATE OF INSPECTION <b>09/15/2020</b>
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LOCATION OF INSTRUMENT (STREET AND CITY) <b>1200 South Holden St. Warrensburg Mo 64093 (MSC Lab)</b>	TIME OF INSPECTION <b>11:42 am</b>
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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 Guth                      LOT # 20190                      EXP. DATE 04/06/2022

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 33.99                      SIM. SN MP 2113                      SIM. NIST EXP DATE 01/16/2021

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 • <b>.099</b>	TEST 2 • <b>.098</b>	TEST 3 • <b>.101</b>
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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)	(.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).

New Phantom

**INSPECTING OFFICER**

SIGNATURE 	PRINT NAME <b>MATTHEW BOND</b>
TYPE II PERMIT NUMBER/EXPIRATION DATE <u>29021 9-19-2021</u>	TELEPHONE NUMBER <b>(660) 573-4547</b>

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: 097412  
Version no: 532B

TEST RECORD 00163

Temp Rate Time 210L <sup>s/</sup>

Air Blank:  
09/15/20 11:42 .000  
Calibration Check:  
24 09/15/20 11:42 .099

Subject Name

TEST

Subject I.D.  
#1

Operator Name, I.D.

MATT Bond 290214

Location 9-19-2021

MSC

AS IV Serial no: 097412  
Version no: 532B

TEST RECORD 00164

Temp Rate Time 210L <sup>s/</sup>

Air Blank:  
09/15/20 11:44 .000  
Calibration Check:  
25 09/15/20 11:44 .098

Subject Name

TEST

Subject I.D.  
#2

Operator Name, I.D.

MATT Bond 290214

Location 9-19-2021

MSC

AS IV Serial no: 097412  
Version no: 532B

TEST RECORD 00165

Temp Rate Time 210L <sup>s/</sup>

Air Blank:  
09/15/20 11:45 .000  
Calibration Check:  
26 09/15/20 11:45 .101

Subject Name

TEST

Subject I.D.  
#3

Operator Name, I.D.

MATT Bond 290214

Location 9-19-2021

MSC

7

AS IV Serial no: 097412  
Version no: 532B

TEST RECORD 00166

Temp Rate Time 210L <sup>s/</sup>

VOID: RFI  
12 09/15/20 11:47

Subject Name

TEST

Subject I.D.

RFI

Operator Name, I.D.

MATT Bond 290214

Location 9-19-2021

MSC

AS IV Serial no: 097412  
Version no: 532B

TEST RECORD 00167

Temp Rate Time 210L <sup>s/</sup>

Air Blank:  
09/15/20 11:49 .000  
Subject Test: Auto  
25 09/15/20 11:49 .000

Subject Name

Blank

Subject I.D.

TEST

Operator Name, I.D.

MATT Bond 290214

Location 9-19-2021

MSC



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



**PERMIT**  
**TYPE II**

**MATT B BOND**

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

**INTOX DMT, INTOXILYZER 8000, INTOX EC/IR II, ASIV W/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 9/19/2019

NUMBER 290214

EXPIRES 9/19/2021

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES