



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 <u>107460</u>	NAME OF AGENCY <u>Marshall Police Department</u>	DATE OF INSPECTION <u>10-28-2020</u>
LOCATION OF INSTRUMENT (STREET AND CITY) <u>461 W. Arrow Marshall MO</u>		TIME OF INSPECTION <u>0921 hrs</u>

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 # 19370 EXP. DATE 12/9/2021

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 33.98 SIM. SN MP49531 SIM. NIST EXP DATE 9/22/2021

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 • .103

TEST 2 • .102

TEST 3 • .103

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
M. Blake Montgomery

TYPE II PERMIT NUMBER/EXPIRATION DATE
200254 9/24/2020

TELEPHONE NUMBER
(660) 886-7411

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: 107460
Version no: 532B

TEST RECORD 00753

Temp Date Time ^{a/} 210L

Air Blank:
10/28/20 04:21 .000
Calibration Check:
21 10/28/20 04:21 .103

Subject Name
Test 1

Subject I.D.
M. Blake Montgomery
Operator Name, I.D.
200254 9/24/2022
Location
461 W Arrow
Marshall MO

AS IV Serial no: 107460
Version no: 532B

TEST RECORD 00754

Temp Date Time ^{a/} 210L

Air Blank:
10/28/20 04:27 .000
Calibration Check:
21 10/28/20 04:27 .102

Subject Name
Test 2

Subject I.D.
M. Blake Montgomery
Operator Name, I.D.
200254 9/24/2022
Location
461 W Arrow
Marshall MO

AS IV Serial no: 107460
Version no: 532B

TEST RECORD 00755

Temp Date Time ^{a/} 210L

Air Blank:
10/28/20 04:35 .000
Calibration Check:
21 10/28/20 04:35 .103

Subject Name
Test 3

Subject I.D.
M. Blake Montgomery
Operator Name, I.D.
200254 9/24/2022
Location
461 W Arrow
Marshall MO

AS IV Serial no: 107460
Version no: 532B

TEST RECORD 00756

Temp Date Time ^{a/} 210L

VOID: RFI
12 10/28/20 04:40

Subject Name
Test RFI

Subject I.D.
M. Blake Montgomery
Operator Name, I.D.
461 W Arrow
Location
200254 9/24/2022



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

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**PERMIT
 TYPE II**

M. BLAKE MONTGOMERY

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 9/24/2020

NUMBER 200254

EXPIRES 9/24/2022

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

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 MONTGOMERY, M.
Permit No 200254
Date Issued 9/24/2020 **Date Expires** 9/24/2022