



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 111655	PRINTER SN 09B.3589.464	DATE OF INSPECTION 08/03/2020
LOCATION OF INSTRUMENT (STREET AND CITY) 115 E. 69 Highway, Claycomo, MO 64119		TIME OF INSPECTION 2313

**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 # AG812204 EXP. DATE 05/02/2021

SIMULATOR TEMPERATURE (34°C ± 0.2°C) SIMULATOR SN SIMULATOR 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 = .099

TEST 2 = .099

TEST 3 = .098

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    1    (0-.04)    0    (.05-.09)    0    (.10-.14)    1    (.15-.19)    1    (OVER .19)    0

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).

Instrument operating within MO DOHSS standards and guidelines.

**INSPECTING OFFICER**

SIGNATURE

*Sgt Jeffrey Kirk*

PRINT NAME

Sgt. Jeffrey Kirk

TYPE II PERMIT NUMBER/EXPIRATION DATE

200130 / 03/09/2022

TELEPHONE NUMBER

(816) 452-4613

Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office  
2875 James Boulevard  
Poplar Bluff, MO 63901

AS IV Serial no: 111655  
Version no: 532B

TEST RECORD 00735

Temp Date Time 210L

Air Blanks:  
08/03/20 03:15 .000  
Calibration Check:  
22 08/03/20 03:15 .099

Subject Name  
Test #1

Subject I.D.

Operator Name, I.D. 200130

Sgt. Jeffrey Kirk  
Location Claycomo P.D.  
115 E US 69 Hwy

Claycomo, Mo 64119

AS IV Serial no: 111655  
Version no: 532B

TEST RECORD 00736

Temp Date Time 210L

Air Blanks:  
08/03/20 03:17 .000  
Calibration Check:  
22 08/03/20 03:17 .099

Subject Name  
Test #2

Subject I.D.

Operator Name, I.D. 200130

Sgt. Jeffrey Kirk  
Location Claycomo P.D.  
115 E US 69 Hwy  
Claycomo, Mo 64119

AS IV Serial no: 111655  
Version no: 532B

TEST RECORD 00737

Temp Date Time 210L

Air Blanks:  
08/03/20 03:19 .000  
Calibration Check:  
33 08/03/20 03:19 .090

Subject Name  
Test #3

Subject I.D.

Operator Name, I.D. 200130

Sgt. Jeffrey Kirk  
Location Claycomo P.D.  
115 E US 69 Hwy  
Claycomo, Mo 64119

AS IV Serial no: 111655  
Version no: 532B

TEST RECORD 00738

Temp Date Time 210L

VOID: RFI  
12 08/03/20 03:23

Subject Name  
RFI

Subject I.D.

Operator Name, I.D. 200130

Sgt. Jeffrey Kirk  
Location Claycomo P.D.  
115 E US 69 Hwy  
Claycomo, Mo 64119

AS IV Serial no: 111655  
Version no: 532B

TEST RECORD 00739

Temp Date Time 210L

Air Blanks:  
08/03/20 03:25 .000  
Subject Test: auto  
23 08/03/20 03:25 .000

Subject Name  
Self Test

Subject I.D.

Operator Name, I.D. 200130

Sgt. Jeffrey Kirk  
Location Claycomo P.D.  
115 E US 69 Hwy  
Claycomo, Mo 64119



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



**PERMIT**  
**TYPE II**  
**JEFFREY KIRK**

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 308.111 through 308.119 RSMo.

DATE 3/9/2020

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 200130

EXPIRES 3/9/2022

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (8-10)

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 KIRK, JEFFREY  
Permit No 200130  
Date Issued 3/9/2020 Date Expires 3/9/2022