



**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 111763	PRINTER SN 09B.3589.457	DATE OF INSPECTION 11/17/2020
LOCATION OF INSTRUMENT (STREET AND CITY) 501 Faraon Street Saint Joseph MO. 64501		TIME OF INSPECTION 3:20 pm

**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 # AG836201 EXP. DATE 12/28/2020

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 0.095

TEST 2 0.095

TEST 3 0.096

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 John L. Foster
TYPE II PERMIT NUMBER/EXPIRATION DATE 290227 EXP-10/01/2021	TELEPHONE NUMBER (816) 596-8206

**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

**MONTHLY MAINTENANCE REPORT, SAINT JOSEPH POLICE  
DEPARTMENT 501 FARAON STREET ST. JOSEPH MO. 64501**

AS IV Serial no: 111763  
Version no: 532B

TEST RECORD 00164 <sup>s/</sup>  
Temp Date Time 210L  
Air Blank: 11/17/20 15:21  
VOID: RFI  
24 11/17/20 15:21

Subject Name  
*Monthly Maintenance*  
Subject I.D.  
*Foster John*  
Operator Name, I.D.  
*501 Faraon Street*  
Location  
*LEC*

AS IV Serial no: 111763  
Version no: 532B

TEST RECORD 00165 <sup>s/</sup>  
Temp Date Time 210L  
Air Blank: 11/17/20 15:23 .000  
Calibration Check:  
24 11/17/20 15:23 .095

Subject Name  
*Monthly Maintenance*  
Subject I.D.  
*Foster John*  
Operator Name, I.D.  
*501 Faraon St*  
Location  
*LEC*

AS IV Serial no: 111763  
Version no: 532B

TEST RECORD 00166 <sup>s/</sup>  
Temp Date Time 210L  
Air Blank: 11/17/20 15:24 .000  
Calibration Check:  
24 11/17/20 15:24 .095

Subject Name  
*Monthly Maintenance*  
Subject I.D.  
*Foster John*  
Operator Name, I.D.  
*501 Faraon Street*  
Location  
*LEC*

AS IV Serial no: 111763  
Version no: 532B

TEST RECORD 00167 <sup>s/</sup>  
Temp Date Time 210L  
Air Blank: 11/17/20 15:26 .000  
Calibration Check:  
24 11/17/20 15:26 .094

Subject Name  
*Monthly Maintenance*  
Subject I.D.  
*Foster John*  
Operator Name, I.D.  
*501 Faraon Street*  
Location  
*LEC*



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

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**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 10/1/2019

NUMBER 290227

EXPIRES 10/1/2021

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** FOSTER, JOHN  
**Permit No** 290227  
**Date Issued** 10/1/2019 **Date Expires** 10/1/2021