



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 111766	PRINTER SN 09B.3589.48	DATE OF INSPECTION
LOCATION OF INSTRUMENT (STREET AND CITY) 1915 W. Arrow St Marshall, Mo 65340		TIME OF INSPECTION

**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 # AG912204 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	TEST 2	TEST 3
--------	--------	--------

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	(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).  
On 3-17-20 sat time.

**INSPECTING OFFICER**

SIGNATURE 	PRINT NAME Richard Kendall
---------------	-------------------------------

TYPE II PERMIT NUMBER/EXPIRATION DATE 280261/ 08-29-2020	TELEPHONE NUMBER 660-886-5511
---	----------------------------------

**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: 111766  
Version no: 532B

TEST RECORD 00172

Temp Date Time <sup>g/</sup> 210L

Air Blank:  
03/17/20 05:50 .000  
Calibration Check:  
23 03/17/20 05:50 .096

Subject Name

TEST 1

Subject I.D.

TEST 1

Operator Name, I.D.

RICHARD KENDRA 280261

Location

1915 W ARROW

SCSO

AS IV Serial no: 111766  
Version no: 532B

TEST RECORD 00173

Temp Date Time <sup>g/</sup> 210L

Air Blank:  
03/17/20 05:51 .000  
Calibration Check:  
23 03/17/20 05:51 .097

Subject Name

TEST 2

Subject I.D.

TEST 2

Operator Name, I.D.

RICHARD KENDRA 280261

Location

1915 W. ARROW

SCSO

AS IV Serial no: 111766  
Version no: 532B

TEST RECORD 00174

Temp Date Time <sup>g/</sup> 210L

Air Blank:  
03/17/20 05:53 .000  
Calibration Check:  
24 03/17/20 05:53 .099

Subject Name

TEST 3

Subject I.D.

TEST 3

Operator Name, I.D.

RICHARD KENDRA 280261

Location

1915 W ARROW

SCSO

AS IV Serial no: 111766  
Version no: 532B

TEST RECORD 00175

Temp Date Time <sup>g/</sup> 210L

VOID: RFI  
12 03/17/20 05:54

Subject Name

RFI

Subject I.D.

RFI

Operator Name, I.D.

RICHARD KENDRA 280261

Location

1915 W. ARROW

SCSO

AS IV Serial no: 111766  
Version no: 532B

TEST RECORD 00176

Temp Date Time <sup>g/</sup> 210L

Air Blank:  
03/17/20 05:55 .000  
Subject Test: Auto  
25 03/17/20 05:55 .000

Subject Name

TEST 4

Subject I.D.

TEST 4

Operator Name, I.D.

RICHARD KENDRA 280261

Location

1915 W ARROW

SCSO



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

2

**PERMIT**  
**TYPE II**  
**RICHARD L. KENDALL**

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 306.111 through 306.119 RSMo.

DATE 8/29/2018

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 280261

EXPIRES 8/29/2020

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

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 KENDALL, RICHARD  
 Permit No 280261  
 Date Issued 8/29/2018 Date Expires 8/29/2020