



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 111767 | PRINTER SN 09B.3589.455 | DATE OF INSPECTION 11/17/2020 |
| LOCATION OF INSTRUMENT (STREET AND CITY) 501 Faraon Street Saint Joseph MO. 64501 | | TIME OF INSPECTION 3:15 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 0.096

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) |
|----------|---------|-----------|-----------|-----------|------------|

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: 111767
Version no: 532B

TEST RECORD - REPRINT

TEST RECORD 00181 s/

Temp Date Time 210L

Air Blank:
11/17/20 13:19 .000

Calibration Check:
25 11/17/20 13:19 .096

Subject Name
Monthly Maintenance

Subject I.D.
Foster John

Operator Name, I.D.
501 Faraon

Location

AS IV Serial no: 111767
Version no: 532B

TEST RECORD 00180 s/

Temp Date Time 210L

VOID: RFI
12 11/17/20 13:16

Subject Name
Monthly Maintenance

Subject I.D.
Foster John

Operator Name, I.D.
501 Faraon

Location

AS IV Serial no: 111767
Version no: 532B

TEST RECORD 00179 s/

Temp Date Time 210L

Air Blank:
11/17/20 13:15 .000

Calibration Check:
24 11/17/20 13:15 .095

Subject Name
Monthly Maintenance

Subject I.D.
Foster John

Operator Name, I.D.
501 Faraon

Location

AS IV Serial no: 111767
Version no: 532B

TEST RECORD 00178 s/

Temp Date Time 210L

Air Blank:
11/17/20 16:11 .000

Subject Test: Man
23 11/17/20 16:11 .096

Subject Name
Monthly Maintenance

Subject I.D.
Foster John

Operator Name, I.D.
501 Faraon Street

Location

Reprint Power on printer



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

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