



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 097426	PRINTER SN 03A.2436.098	DATE OF INSPECTION 11/02/2021
LOCATION OF INSTRUMENT (STREET AND CITY) 4001 NE Lakewood Way Ct., Lee's Summit, MO, 64064		TIME OF INSPECTION 8:13 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**

<input type="checkbox"/> SIMULATOR SOLUTION	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>Intoximeters</u>	LOT # <u>AG006306</u> EXP. DATE <u>03/03/2022</u>
<input type="checkbox"/> 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 ← .105	TEST 2 ← .104	TEST 3 ← .104
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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	2	(0-.04)	0	(.05-.09)	1	(.10-.14)	0	(.15-.19)	2	(OVER .19)	1
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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).  
 Instrument meets all DOHSS standards and guidelines.

**INSPECTING OFFICER**

SIGNATURE ▶	PRINT NAME Deputy S. Plain #101/0448
TYPE II PERMIT NUMBER/EXPIRATION DATE 200054/ 01/10/2022	TELEPHONE NUMBER (816) 524-4302

**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: 097426  
Version no: 532B

TEST RECORD - REPRINT

TEST RECORD 01082

Temp Date Time 210L %/

Air Blank: 11/02/21 20:28 .000  
Calibration Check: -24 11/02/21 20:28 .105

Subject Name

Subject I.D. Monthly Maint.

Operator Name, I.D.

Location Dep. S. Plan 107

DCSO GHA

AS IV Serial no: 097426  
Version no: 532B

TEST RECORD 01083

Temp Date Time 210L %/

Air Blank: 11/02/21 20:30 .000  
Calibration Check: 25 11/02/21 20:30 .104

Subject Name

Subject I.D. North. Maint.

Operator Name, I.D.

Location Dep. S. Plan 107

DCSO GHA

AS IV Serial no: 097426  
Version no: 532B

TEST RECORD 01084

Temp Date Time 210L %/

Air Blank: 11/02/21 20:32 .000  
Calibration Check: 26 11/02/21 20:32 .104

Subject Name

Subject I.D. Monthly Maint.

Operator Name, I.D.

Location Dep. S. Plan 107

DCSO GHA

AS IV Serial no: 097426  
Version no: 532B

TEST RECORD 01085

Temp Date Time 210L %/

WQID: NFI  
12 11/02/21 20:34

Subject Name

Subject I.D. Monthly Maint.

Operator Name, I.D.

Location Dep. S. Plan 107

DCSO GHA





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

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**PERMIT**  
**TYPE II**  
**SEAN PLAIN**

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 1/10/2020

NUMBER 200054

EXPIRES 1/10/2022

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 PLAIN, SEAN  
 Permit No 200054  
 Date Issued 1/10/2020 Date Expires 1/10/2022

