



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 107996	NAME OF AGENCY GLADSTONE POLICE DEPT.	DATE OF INSPECTION 06/29/2021
LOCATION OF INSTRUMENT (STREET AND CITY) 7010 N HOLMES GLADSTONE		TIME OF INSPECTION 1:18 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 # AG102503 EXP. DATE 01/25/2023

SIMULATOR TEMPERATURE (34°C ± 0.2°C) _____ SIM. SN _____ SIM. NIST 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 → 0.103

TEST 2 → 0.102

TEST 3 → 0.102

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
CHAD WILDERDYKE

TYPE II PERMIT NUMBER/EXPIRATION DATE
200043 01/07/2022

TELEPHONE NUMBER
(816) 407-3737

Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office by mail, fax, or email.

AS IV Serial no: 107996
Version no: 532B

TEST RECORD 01291

Temp Date Time 210L

Air Blank:
06/29/21 13:04 .000
Subject Test: Man
22 06/29/21 13:04 .100

Subject Name
Test #1

Subject I.D.

PI70

Operator Name, I.D.

W. Iderskye

Location

Gladstone

AS IV Serial no: 107996
Version no: 532B

TEST RECORD 01292

Temp Date Time 210L

Air Blank:
06/29/21 13:06 .000
Subject Test: Man
23 06/29/21 13:06 .102

Subject Name

Test #2

Subject I.D.

PI70

Operator Name, I.D.

W. Iderskye

Location

Gladstone

AS IV Serial no: 107996
Version no: 532B

TEST RECORD 01294

Temp Date Time 210L

Air Blank:
06/29/21 13:08 .000
Calibration Check:
24 06/29/21 13:08 .102

Subject Name

Test #3

Subject I.D.

PI70

Operator Name, I.D.

W. Iderskye

Location

Gladstone

AS IV Serial no: 107996
Version no: 532B

TEST RECORD 01295

Temp Date Time 210L

QCID: RFI
12 06/29/21 13:10

Subject Name

PI70

Subject I.D.

W. Iderskye

Operator Name

Test RFI

Location

Gladstone



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

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PERMIT
TYPE II

CHAD WILDERDYKE

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 1/7/2020

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 200043

EXPIRES 1/7/2022

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 WILDERDYKE, CHAD
Permit No 200043
Date Issued 1/7/2020 Date Expires 1/7/2022