



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 STATE PUBLIC HEALTH LABORATORY  
**ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT**

**RECEIVED**  
 By Tracy Crews at 7:45 am, Jun 04, 2021

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 111758	NAME OF AGENCY Henry County Sheriff's Office	DATE OF INSPECTION 05/24/2021
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LOCATION OF INSTRUMENT (STREET AND CITY) 200 North Main St, Clinton, Missouri 64735	TIME OF INSPECTION 12:20 pm
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**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 Guth Labs LOT # 20420 EXP. DATE 09/22/2022

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0 SIM. SN DR 5386 SIM. NIST EXP DATE 09/22/2021

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 <input checked="" type="checkbox"/> .096	TEST 2 <input checked="" type="checkbox"/> .097	TEST 3 <input checked="" type="checkbox"/> .097
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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	(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 Leonard Kubilus
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TYPE II PERMIT NUMBER/EXPIRATION DATE 200260 09/04/2022	TELEPHONE NUMBER (660) 885-7328
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**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: 111758  
Version no: 532B

TEST RECORD 00121

Temp	Date	Time	s/210L
-----			
Air Blank:			
	05/24/21	12:21	.000
Calibration Check:			
	23	05/24/21 12:21	.096

Air Blank:  
05/24/21 12:21 .000  
Calibration Check:  
23 05/24/21 12:21 .096

Subject Name

Check #1

Subject I.D.

N/A

Operator Name, I.D.

Kubilus 200260

Location

700 W. Main St

Clinton, MO

AS IV Serial no: 111758  
Version no: 532B

TEST RECORD 00122

Temp	Date	Time	s/210L
-----			
Air Blank:			
	05/24/21	12:22	.000
Calibration Check:			
	24	05/24/21 12:22	.097

Air Blank:  
05/24/21 12:22 .000  
Calibration Check:  
24 05/24/21 12:22 .097

Subject Name

Check #2

Subject I.D.

N/A

Operator Name, I.D.

Kubilus 200260

Location

700 W. Main St

Clinton, MO

AS IV Serial no: 111758  
Version no: 532B

TEST RECORD 00123

Temp	Date	Time	s/210L
-----			
Air Blank:			
	05/24/21	12:24	.000
Calibration Check:			
	24	05/24/21 12:24	.097

Air Blank:  
05/24/21 12:24 .000  
Calibration Check:  
24 05/24/21 12:24 .097

Subject Name

Check #3

Subject I.D.

N/A

Operator Name, I.D.

Kubilus 200260

Location

700 W. Main St

Clinton, MO

AS IV Serial no: 111758  
Version no: 532B

TEST RECORD 00124

Temp	Date	Time	s/210L
-----			
VOID: RFI			
	12	05/24/21 12:25	

VOID: RFI  
12 05/24/21 12:25

Subject Name

RFI

Subject I.D.

N/A

Operator Name, I.D.

Kubilus 200260

Location

700 W. Main St

Clinton, MO



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



**PERMIT**  
**TYPE II**  
**LEONARD KUBILUS II**

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 9/24/2020

NUMBER 200260

EXPIRES 9/24/2022

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** KUBILUS II, LEONARD  
**Permit No** 200260  
**Date Issued** 9/24/2020 **Date Expires** 9/24/2022

