



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 030809	NAME OF AGENCY OVERLAND POLICE DEPARTMENT	DATE OF INSPECTION 12/01/2022
LOCATION OF INSTRUMENT (STREET AND CITY) 2410 Goodale Ave. Overland, MO 63114		TIME OF INSPECTION 5:06 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 Inc. LOT # AG123605 EXP. DATE 04/24/2023

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 .099

TEST 2 .099

TEST 3 .098

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  
Chris Schott

TYPE II PERMIT NUMBER/EXPIRATION DATE  
220170 06/24/2024

TELEPHONE NUMBER  
(314) 428-1221

**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: 030809  
Version no: 532B

TEST RECORD 01583

Temp Date Time 210L

Air Blank:

12/01/22 17:56 .000

Calibration Check:

20 12/01/22 17:56 .099

Subject Name

test 1

Subject I.D.

test 1

Operator Name, I.D.

C. Schott 546

Location

2410 Goodale

Overland, No, 63114

AS IV Serial no: 030809  
Version no: 532B

TEST RECORD 01584

Temp Date Time 210L

Air Blank:

12/01/22 17:58 .000

Calibration Check:

22 12/01/22 17:58 .099

Subject Name

test 2

Subject I.D.

test 2

Operator Name, I.D.

C. Schott 546

Location

2410 Goodale

Overland, No, 63114

AS IV Serial no: 030809  
Version no: 532B

TEST RECORD 01585

Temp Date Time 210L

Air Blank:

12/01/22 18:00 .000

Calibration Check:

23 12/01/22 18:00 .099

Subject Name

test 3

Subject I.D.

test 3

Operator Name, I.D.

C. Schott 546

Location

2410 Goodale

Overland, No, 63114

AS IV Serial no: 030809  
Version no: 532B

TEST RECORD 01586

Temp Date Time 210L

UOID: RFI

12 12/01/22 18:02

Subject Name

RFI

Subject I.D.

RFI

Operator Name, I.D.

C. Schott 546

Location

2410 Goodale

Overland, No, 63114





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

2

**PERMIT**  
**TYPE II**  
**CHRIS D. SCHOTT**

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 6/24/2022

*Mike Mason*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 220170

*Paula F. Nielsen*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

EXPIRES 6/24/2024

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 SCHOTT, CHRIS  
 Permit No 220170  
 Date Issued 6/24/2022 Date Expires 6/24/2024

