



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 107983	NAME OF AGENCY CLAY COUNTY SHERIFF'S OFFICE	DATE OF INSPECTION 02/04/2022
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LOCATION OF INSTRUMENT (STREET AND CITY) 12 S. WATER STREET, LIBERTY, MO 64068	TIME OF INSPECTION 11:24 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 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 → .102	TEST 2 → .101	TEST 3 → .101
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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	(0-.04)	0	(.05-.09)	0	(.10-.14)	0	(.15-.19)	0	(OVER .19)	0
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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 JAMES BUSH
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TYPE II PERMIT NUMBER/EXPIRATION DATE 210324 - 12/21/2023	TELEPHONE NUMBER (816) 407-3702
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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: 107983  
Version no: 532B

TEST RECORD 01193

Temp Date Time 210L <sup>s/</sup>

Air Blank:  
02/04/22 23:24 .000  
Calibration Check:  
19 02/04/22 23:24 .102

Subject Name  
Monthly Maintenance

Subject I.D.  
Test 1

Operator Name, I.D.  
S. Bush #8199

Location  
12 S. Water St.,

Liberty, Mo 64068

AS IV Serial no: 107983  
Version no: 532B

TEST RECORD 01194

Temp Date Time 210L <sup>s/</sup>

Air Blank:  
02/04/22 23:27 .000  
Calibration Check:  
20 02/04/22 23:27 .101

Subject Name  
Monthly Maintenance

Subject I.D.  
Test 2

Operator Name, I.D.  
S. Bush #8199

Location  
12 S. Water St.,

Liberty, Mo 64068

AS IV Serial no: 107983  
Version no: 532B

TEST RECORD 01195

Temp Date Time 210L <sup>s/</sup>

Air Blank:  
02/04/22 23:31 .000  
Calibration Check:  
21 02/04/22 23:31 .101

Subject Name  
Monthly Maintenance

Subject I.D.  
Test 3

Operator Name, I.D.  
S. Bush #8199

Location  
12 S. Water St.,

Liberty, Mo 64068

AS IV Serial no: 107983  
Version no: 532B

TEST RECORD 01196

Temp Date Time 210L <sup>s/</sup>

VOID: RFI  
12 02/04/22 23:33

Subject Name  
Monthly Maintenance

Subject I.D.  
RFI Test

Operator Name, I.D.  
S. Bush #8199

Location  
12 S. Water St.,

Liberty, Mo 64068





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



**PERMIT**  
**TYPE II**  
**JAMES S. BUSH**

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 12/21/2021

NUMBER 210324

EXPIRES 12/21/2023

*Laura P. Way*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Donald A. Kamm*

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 BUSH, JAMES  
 Permit No 210324  
 Date Issued 12/21/2021 Date Expires 12/21/2023

