



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 04/02/2022
LOCATION OF INSTRUMENT (STREET AND CITY) 12 S. WATER STREET, LIBERTY, MO 64068		TIME OF INSPECTION 10:33 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 ➡ .102	TEST 2 ➡ .102	TEST 3 ➡ .101
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RFI DETECTOR OPERATING

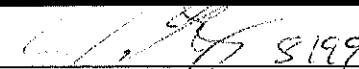
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: (DO NOT INCLUDE SELF-ADMINISTERED TESTS)

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).

CHANGE CLOCK TO DAYLIGHT SAVINGS TIME, REFILL PRINTER PAPER

INSPECTING OFFICER

SIGNATURE 	PRINT NAME JAMES BUSH
TYPE II PERMIT NUMBER/EXPIRATION DATE 210324 - 12/21/2023	TELEPHONE NUMBER (816) 407-3702

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 01216

Temp Date Time ^{a/} 210L

Air Blank:
04/02/22 22:33 .000
Calibration Check:
18 04/02/22 22:33 .102

Subject Name
Monthly Maintenance
Subject I.D.
Test 1

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

Location
12 S. Water St.,
Liberty, MO

AS IV Serial no: 107983
Version no: 532B

TEST RECORD 01217

Temp Date Time ^{a/} 210L

Air Blank:
04/02/22 22:35 .000
Calibration Check:
19 04/02/22 22:35 .102

Subject Name
Monthly Maintenance
Subject I.D.
Test 2

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

Location
12 S. Water St.,
Liberty, MO

AS IV Serial no: 107983
Version no: 532B

TEST RECORD 01218

Temp Date Time ^{a/} 210L

Air Blank:
04/02/22 22:36 .000
Calibration Check:
20 04/02/22 22:36 .101

Subject Name
Monthly Maintenance
Subject I.D.
Test 3

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

Location
12 S. Water St.,
Liberty, MO

AS IV Serial no: 107983
Version no: 532B

TEST RECORD 01219 ^{a/} 210L

Temp Date Time ^{a/} 210L
VOID: RFI
12 04/02/22 22:38

Subject Name
Monthly Maintenance
Subject I.D.
RFI Test
Operator Name, I.D.
S. Bush #8199

Location
12 S. Water St.,
Liberty, MO



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 A. Wray

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Donald A. Korman

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

