



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 <b>111638</b>	NAME OF AGENCY <b>Smithville Police Department</b>	DATE OF INSPECTION <b>08/14/2022</b>
LOCATION OF INSTRUMENT (STREET AND CITY) <b>107 W Main St, Smithville, MO 64089</b>		TIME OF INSPECTION <b>2035</b>

**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 # AG113801 EXP. DATE 05/18/2023
- 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  0.098	TEST 2  0.097	TEST 3  0.097
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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).

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**INSPECTING OFFICER**

SIGNATURE 	PRINT NAME <b>Daniel Gearhart</b>
TYPE II PERMIT NUMBER/EXPIRATION DATE <b>2200126 05/11/2024</b>	TELEPHONE NUMBER <b>( 816)532-0500</b>

**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: 111638  
Version no: 532B

TEST RECORD 00077

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

Air Blank:  
08/14/72 20:35 .000  
Calibration Check:  
24 08/14/72 20:35 .098

Subject Name

MAINTENANCE

Subject I.D.

TEST #1

Operator Name, I.D.

GEARHART 220126

Location

107 W MAIN ST

SMITHVILLE, MO 64089

AS IV Serial no: 111638  
Version no: 532B

TEST RECORD - REPRINT

TEST RECORD 00078

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

Air Blank:  
08/14/72 20:36 .000  
Calibration Check:  
24 08/14/72 20:36 .097

Subject Name

MAINTENANCE

Subject I.D.

TEST #2

Operator Name, I.D.

GEARHART 220126

Location

107 W MAIN ST

SMITHVILLE, MO 64089

AS IV Serial no: 111638  
Version no: 532B

TEST RECORD 00079

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

Air Blank:  
08/14/72 20:40 .000  
Calibration Check:  
25 08/14/72 20:40 .097

Subject Name

MAINTENANCE

Subject I.D.

TEST #3

Operator Name, I.D.

GEARHART 220026

Location

107 W MAIN ST

SMITHVILLE, MO 64089

AS IV Serial no: 111638  
Version no: 532B

TEST RECORD 00080

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

VOID: RFI  
12 08/14/72 20:41

Subject Name

MAINTENANCE

Subject I.D.

TEST #4 RFI

Operator Name, I.D.

GEARHART 220126

Location

107 W MAIN ST

SMITHVILLE, MO 64089







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



**PERMIT**  
**TYPE II**  
**DANIEL GEARHART**

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 5/11/2022

NUMBER 220126

EXPIRES 5/11/2024

*Laura P. Way*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Paula I. Nickelson*

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 GEARHART, DANIEL  
 Permit No 220126  
 Date Issued 5/11/2022 Date Expires 5/11/2024

