



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 111735	NAME OF AGENCY Linn Police Department	DATE OF INSPECTION 06/03/2022
LOCATION OF INSTRUMENT (STREET AND CITY) 1200 East Main Street, Linn, MO 65051		TIME OF INSPECTION 9:52 am

**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 RepCo Marketing Co. LOT # 20001 EXP. DATE 10/07/2022
- SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.01 SIM. SN MP6021 SIM. NIST EXP DATE 09/03/2022

- 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  .101	TEST 2  .100	TEST 3  .099
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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).

No new changes.

**INSPECTING OFFICER**

SIGNATURE 	PRINT NAME Michael A. Bickell
TYPE II PERMIT NUMBER/EXPIRATION DATE 210204, 09/14/2023	TELEPHONE NUMBER (573) 897-2236

**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: 111735  
Version no: 532B

TEST RECORD 00204

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

Air Blank:  
06/03/22 09:52 .000  
Calibration Check:  
19 06/03/22 09:52 .101

Subject Name

Maint Test

Subject I.D.

#1

Operator Name, I.D.

M.A. Bickell 210204

Location

Linn Police Dept

AS IV Serial no: 111735  
Version no: 532B

TEST RECORD 00205

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

Air Blank:  
06/03/22 09:54 .000  
Calibration Check:  
19 06/03/22 09:54 .100

Subject Name

Maint Test

Subject I.D.

#2

Operator Name, I.D.

M.A. Bickell 210204

Location

Linn Police Dept

AS IV Serial no: 111735  
Version no: 532B

TEST RECORD 00206

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

Air Blank:  
06/03/22 09:55 .000  
Calibration Check:  
20 06/03/22 09:55 .099

Subject Name

Maint Test

Subject I.D.

#3

Operator Name, I.D.

M.A. Bickell 210204

Location

Linn Police Dept

AS IV Serial no: 111735  
Version no: 532B

TEST RECORD 00207

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

VOID: RFI  
12 06/03/22 09:57

Subject Name

Maint Test

Subject I.D.

RFI

Operator Name, I.D.

M.A. Bickell 210204

Location

Linn Police Dept


STATE OF MISSOURI     )  
                                  )  
                                  )     SS  
COUNTY OF OSAGE     )

AFFIDAVIT

Before me, the undersigned authority, personally appeared Michael A. Bickell, who being by me duly sworn, deposed as follows:

My name is Michael A. Bickell, I am of sound mind, capable of making this affidavit, and personally acquainted with the facts herein stated:

I am the custodian of the records of the maintenance report for the portable Alco-Sensor IV, serial number 111735, with printer. Attached hereto are 2 pages of records beginning 06/03/2022. These 2 pages of records are kept by the Linn Police Department in the regular course of business, and it was the regular course of business of the Linn Police Department for an employee or representative of the Linn Police Department with knowledge of the act recorded to make the record or to transmit information thereof to be included in such record; and the record was made at or near the time of the act. The records attached hereto are the original or exact duplicates of the original

  
\_\_\_\_\_  
Michael A. Bickell, Affiant  
Chief of Police, City of Linn Police Department

In witness whereof I have hereunto subscribed my name and affixed official my seal this 3 day of June, 2022.

  
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Notary Public

My commission expires: 3/20/2024  
Commissioned in Osage County, Missouri.

CARRIE L. GRELLNER  
Notary Public - Notary Seal  
State of Missouri  
Commissioned for Osage County  
My Commission Expires: March 20, 2024  
Commission Number: 12317265