



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 111759	NAME OF AGENCY Clay County Sheriff's Office	DATE OF INSPECTION 10/01/2022
-----------------------------	--	----------------------------------

LOCATION OF INSTRUMENT (STREET AND CITY) 12 S. Water St., Liberty, MO 64068	TIME OF INSPECTION 2:39 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 Intoximeter \_\_\_\_\_ 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 ← .098	TEST 2 ← .098	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	(0-.04)	4	(.05-.09)	1	(.10-.14)	5	(.15-.19)	0	(OVER .19)	1
----------	---	---------	---	-----------	---	-----------	---	-----------	---	------------	---

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).

Instrument was calibrated to offset for altitude.

**INSPECTING OFFICER**

SIGNATURE 	PRINT NAME Keagon Reed
---------------	---------------------------

TYPE II PERMIT NUMBER/EXPIRATION DATE 220230 09/09/2024	TELEPHONE NUMBER (816) 407-3700
--	------------------------------------

**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: 111759  
Version no: 532B

TEST RECORD 06236

Temp Date Time 210L

Air Blank  
19/01/22 02:31 .000  
Calibration Check  
21 01/22 02:31 .000

Subject Name

Test 1  
Subject: I.D.  
Keayon Reed  
Operator Name: I.D.

Location

AS IV Serial no: 111759  
Version no: 532B

TEST RECORD 06237

Temp Date Time 210L

Air Blank  
19/01/22 02:40 .000  
Calibration Check  
21 01/22 02:40 .000

Subject Name

Test 2  
Subject: I.D.  
Keayon Reed  
Operator Name: I.D.

Location

AS IV Serial no: 111759  
Version no: 532B

TEST RECORD 06238

Temp Date Time 210L

Air Blank  
19/01/22 02:42 .000  
Calibration Check  
21 01/22 02:42 .000

Subject Name

Test 3  
Subject: I.D.  
Keayon Reed  
Operator Name: I.D.

Location

AS IV Serial no: 111759  
Version no: 532B

TEST RECORD 06239

Temp Date Time 210L

WIND RFI  
12 01/22 02:43

Subject Name

RFI Check  
Subject: I.D.  
Keayon Reed  
Operator Name: I.D.

Location





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

2

**PERMIT**  
**TYPE II**  
**KEAGON REED**

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 9/9/2022

NUMBER 220230

EXPIRES 9/9/2024

*Laura Q. Day*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Donald A. Kowmy*

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 REED, KEAGON  
 Permit No 220230  
 Date Issued 9/9/2022 Date Expires 9/9/2024

