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By Tracy Crews at 10:45 am, Aug 19, 2022



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 111765 | NAME OF AGENCY Jackson County Sheriff's Office | DATE OF INSPECTION 08/09/2022 |
| LOCATION OF INSTRUMENT (STREET AND CITY) 4001 NE Lakewood Ct., Lee's Summit, MO, 64064 | | TIME OF INSPECTION 7:27 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 # AG114701 _____ EXP. DATE 05/27/2023 _____

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 | 1 | (.0-.04) | 0 | (.05-.09) | 4 | (.10-.14) | 5 | (.15-.19) | 3 | (OVER .19) | 0 |
|----------|---|----------|---|-----------|---|-----------|---|-----------|---|------------|---|

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
Deputy S. Stoff #63/0411

TYPE II PERMIT NUMBER/EXPIRATION DATE
200304 12-11-2022

TELEPHONE NUMBER
(816) 795-1960

Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office by mail, fax, or email.

AS IU Serial no: 111765
Version no: 532B

TEST RECORD 00447

Temp Date Time 210L

Air Blank:

08/09/22 19:27 .000

Calibration Check:

28 08/09/22 19:27 .098

Subject Name

Monthly Maint.

Subject I.D.

Operator Name, I.D.

S. Stoff #63

Location

JCSO-GHQ

AS IU Serial no: 111765
Version no: 532B

TEST RECORD 00448

Temp Date Time 210L

Air Blank:

08/09/22 19:28 .000

Calibration Check:

28 08/09/22 19:28 .098

Subject Name

Monthly Maint.

Subject I.D.

Operator Name, I.D.

S. Stoff #63

Location

JCSO-GHQ

AS IU Serial no: 111765
Version no: 532B

TEST RECORD 00449

Temp Date Time 210L

Air Blank:

08/09/22 19:30 .000

Calibration Check:

28 08/09/22 19:30 .098

Subject Name

Monthly Maint.

Subject I.D.

Operator Name, I.D.

S. Stoff #63

Location

JCSO-GHQ

AS IU Serial no: 111765
Version no: 532B

TEST RECORD 00450

Temp Date Time 210L

VOID: RFI

12 08/09/22 19:31

Subject Name

Monthly Maint.

Subject I.D.

Operator Name, I.D.

S. Stoff #63

Location

JCSO-GHQ



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



PERMIT
TYPE II
SEAN R. STOFF

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

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 12/11/2020

NUMBER 200304

EXPIRES 12/11/2022

MO 580-0771 (6-10)



DIRECTOR OF STATE PUBLIC HEALTH LABORATORY



DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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 **STOFF, SEAN**
Permit No **200304**
Date Issued **12/11/2020** Date Expires **12/11/2022**

