



**RECEIVED**

By Tracy Crews at 8:07 am, Aug 02, 2024 #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 087965	NAME OF AGENCY Cass County Sheriff's Office	DATE OF INSPECTION 07/09/2024
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LOCATION OF INSTRUMENT (STREET AND CITY) 2501 W. Mechanic, Harrisonville MO 64701	TIME OF INSPECTION 2:05 pm
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**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 # AG305102 EXP. DATE 02/20/2025

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)	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).

**INSPECTING OFFICER**

SIGNATURE  
*Sgt. Gary Crow*

PRINT NAME  
Sgt. Gary Crow

TYPE II PERMIT NUMBER/EXPIRATION DATE  
220189 08/03/2024

TELEPHONE NUMBER  
(816) 380-5200

**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: 087965  
Version no: 532B

TEST RECORD 00793

Temp Date Time <sup>9/</sup> 210L

Air Blank:  
07/09/24 14:05 .000  
Calibration Check:  
21 07/09/24 14:05 .098

Subject Name

*Test # 1*

Subject I.D.

*Crew 220189*

Operator Name, I.D.

*2501 W. Mechanic*

Location

AS IV Serial no: 087965  
Version no: 532B

TEST RECORD 00794

Temp Date Time <sup>9/</sup> 210L

Air Blank:  
07/09/24 14:08 .000  
Calibration Check:  
21 07/09/24 14:08 .098

Subject Name

*Test # 2*

Subject I.D.

*Crew 220189*

Operator Name, I.D.

*2501 W. Mechanic*

Location

AS IV Serial no: 087965  
Version no: 532B

TEST RECORD 00795

Temp Date Time <sup>9/</sup> 210L

Air Blank:  
07/09/24 14:12 .000  
Calibration Check:  
22 07/09/24 14:12 .098

Subject Name

*Test # 3*

Subject I.D.

*Crew 220189*

Operator Name, I.D.

*2501 W. Mechanic*

Location

AS IV Serial no: 087965  
Version no: 532B

TEST RECORD 00796

Temp Date Time <sup>9/</sup> 210L

VOID: RFI  
12 07/09/24 14:15

Subject Name

*RFI Test*

Subject I.D.

*Crew 220189*

Operator Name, I.D.

*2501 W. Mechanic*

Location





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



**PERMIT**  
**TYPE II**  
**GARY CROW**

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 8/3/2022

NUMBER 220189

EXPIRES 8/3/2024

*Mike Mason*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*David J. Nicholson*

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 CROW, GARY  
 Permit No 220189  
 Date Issued 8/3/2022 Date Expires 8/3/2024

