



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 STATE PUBLIC HEALTH LABORATORY  
**ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT**

RECEIVED  
 BY: [Name] ON: 09/03/2024 AT: 2:31 PM, STP/01

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 087965	NAME OF AGENCY Cass County Sheriff's Office	DATE OF INSPECTION 09/03/2024
LOCATION OF INSTRUMENT (STREET AND CITY) 2501 W. Mechanic, Harrisonville, MO		TIME OF INSPECTION 0955

**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 • .099	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) 5	(.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). *Recalibrated instrument*

**INSPECTING OFFICER**

SIGNATURE <i>[Signature]</i> #563	PRINT NAME Det. Cpl James Rew #563
TYPE II PERMIT NUMBER/EXPIRATION DATE 220231 09/09/2024	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 00815

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

Air Blank: 09/03/24 09:55 .000

Calibration Check: 26 09/03/24 09:55 .098

Subject Name  
*Calibration*  
Subject I.D.

Operator Name, I.D.  
*Ken 220231 9/9/24*  
Location  
*2501 W. Mechem*

AS IV Serial no: 087965  
Version no: 532B

TEST RECORD 00818

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

Air Blank: 09/03/24 10:01 .000

Calibration Check: 27 09/03/24 10:01 .099

Subject Name  
*Test 3*  
Subject I.D.

Operator Name, I.D.  
*Ken 220231 9/9/24*  
Location  
*2501 W. Mechem*

AS IV Serial no: 087965  
Version no: 532B

TEST RECORD 00816

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

Air Blank: 09/03/24 09:57 .000

Calibration Check: 27 09/03/24 09:57 .098

Subject Name  
*Test 1*  
Subject I.D.

Operator Name, I.D.  
*Ken 220231 9/9/24*  
Location  
*2501 W. Mechem*

AS IV Serial no: 087965  
Version no: 532B

TEST RECORD 00819

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

VOID: RFI  
12 09/03/24 10:02

Subject Name  
*Test RFI*  
Subject I.D.

Operator Name, I.D.  
*Ken 220231 9/9/24*  
Location  
*2501 W. Mechem*

AS IV Serial no: 087965  
Version no: 532B

TEST RECORD 00817

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

Air Blank: 09/03/24 09:59 .000

Calibration Check: 27 09/03/24 09:59 .099

Subject Name  
*Test 2*  
Subject I.D.

Operator Name, I.D.  
*Ken 220231 9/9/24*  
Location  
*2501 W. Mechem*

AS IV Serial no: 087965  
Version no: 532B

TEST RECORD 00820

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

Air Blank: 09/03/24 10:04 .000

Subject Test: Auto  
27 09/03/24 10:04 .000

Subject Name  
*Test Blank*  
Subject I.D.

Operator Name, I.D.  
*Ken 220231 9/9/24*  
Location  
*2501 W. Mechem*





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



**PERMIT**  
**TYPE II**  
**JAMES N. REW**

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 220231

EXPIRES 9/9/2024

*Laura Q. Way*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Donald A. Kamm*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES