



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 087967	NAME OF AGENCY Joplin Police Department	DATE OF INSPECTION 04/28/2024
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LOCATION OF INSTRUMENT (STREET AND CITY) 303 E 3rd Street Joplin, MO 64801	TIME OF INSPECTION 6:09 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

<input type="checkbox"/> SIMULATOR SOLUTION	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>Intoximeters</u>	LOT # <u>AG311003</u> EXP. DATE <u>04/20/2025</u>
<input type="checkbox"/> 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 • 0.102	TEST 2 • 0.102	TEST 3 • 0.102
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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	(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).

I adjusted the time forward one minute, to correct the time.

INSPECTING OFFICER

SIGNATURE 	PRINT NAME Kenneth Andersen
TYPE II PERMIT NUMBER/EXPIRATION DATE 230317/ 12-21-2025	TELEPHONE NUMBER (417) 623-3131

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: 087967
Version no: 532B

TEST RECORD 00894

Temp Date Time ^{s/} 210L

Air Blank:
04/28/24 17:49 .000
Calibration Check:
21 04/28/24 17:49 .102

Subject Name

Test 1

Subject I.D.

Operator Name, I.D. 230317

Kenneth Andersen
Location 4-28-24
303 E 3rd

Joplin, mo 64801

AS IV Serial no: 087967
Version no: 532B

TEST RECORD 00895

Temp Date Time ^{s/} 210L

Air Blank:
04/28/24 17:51 .000
Calibration Check:
21 04/28/24 17:51 .102

Subject Name

Test 2

Subject I.D.

Operator Name, I.D. 230317

Kenneth Andersen
Location 4-28-24
303 E 3rd

Joplin, mo 64801

AS IV Serial no: 087967
Version no: 532B

TEST RECORD 00896

Temp Date Time ^{s/} 210L

Air Blank:
04/28/24 17:54 .000
Calibration Check:
22 04/28/24 17:54 .102

Subject Name

Test 3

Subject I.D.

Operator Name, I.D. 230317

Kenneth Andersen
Location 4-28-24
303 E 3rd st

Joplin, mo 64801

AS IV Serial no: 087967
Version no: 532B

TEST RECORD 00898

Temp Date Time ^{s/} 210L

VOID: RFI
12 04/28/24 17:58

Subject Name

Test RFI

Subject I.D.

Operator Name, I.D. 230317

Kenneth Andersen
Location 4-28-24
303 E 3rd st

Joplin, mo 64801



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



**PERMIT
TYPE II**

KENNETH ANDERSEN

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, INTOXILYZER 8000

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 12/21/2023

NUMBER 230317

EXPIRES 12/21/2025

Mike Mason

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Paula J. Nielson

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO-590-0771 (5-10)

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 ANDERSEN, KENNETH
Permit No 230317
Date Issued 12/21/2023 **Date Expires** 12/21/2025

