



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 087967	NAME OF AGENCY Joplin Police Department	DATE OF INSPECTION 06/03/2024
LOCATION OF INSTRUMENT (STREET AND CITY) 303 E 3rd Street Joplin, MO 64801		TIME OF INSPECTION 8:26 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 # AG311003 EXP. DATE 04/20/2025
- 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 0.102	TEST 2 0.102	TEST 3 0.100
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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).

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 00899

Temp Date Time ^{s/} 210L

Air Blank:
06/03/24 20:17 .000
Calibration Check:
19 06/03/24 20:17 .102

Subject Name

Test 1
Subject I.D.

Operator Name, I.D. 230317

Kenneth Andersen
Location 6-3-24

303 E 3rd

Joplin, mo 64801

AS IV Serial no: 087967
Version no: 532B

TEST RECORD 00900

Temp Date Time ^{s/} 210L

Air Blank:
06/03/24 20:19 .000
Calibration Check:
20 06/03/24 20:19 .102

Subject Name

Test 2
Subject I.D.

Operator Name, I.D. 230317

Kenneth Andersen
Location 6-3-2024

303 E 3rd

Joplin, mo 64801

AS IV Serial no: 087967
Version no: 532B

TEST RECORD 00901

Temp Date Time ^{s/} 210L

Air Blank:
06/03/24 20:22 .000
Calibration Check:
22 06/03/24 20:22 .100

Subject Name

Test 3
Subject I.D.

Operator Name, I.D. 230317

Kenneth Andersen
Location 6-3-2024

303 E 3rd

Joplin, mo 64801

AS IV Serial no: 087967
Version no: 532B

TEST RECORD 00902

Temp Date Time ^{s/} 210L

VOID: RFI
12 06/03/24 20:23

Subject Name

Test RFI
Subject I.D.

Operator Name, I.D. 230317

Kenneth Andersen
Location 6-3-2024

303 E 3rd

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

MO 580-0771 (6-10)

Mike Mason

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

David F. Nielson

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

