



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 107460	NAME OF AGENCY MARSHALL PD	DATE OF INSPECTION 07/04/2024
LOCATION OF INSTRUMENT (STREET AND CITY) MARSHALL PD 461 W. ARROW MARSHALL MO 65340		TIME OF INSPECTION 11:26 am

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 INTOXIMETER LOT # AG319805 EXP. DATE 07/17/2025

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 ➔ .100

TEST 2 ➔ .099

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-.04)	(.05-.09)	(.10-.14)	(.15-.19)	(OVER .19)
----------	---------	-----------	-----------	-----------	------------

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
M. Blake Montgomery

PRINT NAME
M. BLAKE MONTGOMERY

TYPE II PERMIT NUMBER/EXPIRATION DATE
220216 09/02/2024

TELEPHONE NUMBER
(660) 886-7411

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: 107460
Version no: 532B

TEST RECORD 01211

Temp Date Time 210L

Air Blank:
07/04/24 11:26 .000
Calibration Check:
20 07/04/24 11:26 .100

Subject Name

Test 1
Subject I.D.

Operator Name, I.D.

Montgomery 220216
Location
MPD

AS IV Serial no: 107460
Version no: 532B

TEST RECORD 01213

Temp Date Time 210L

Air Blank:
07/04/24 11:31 .000
Calibration Check:
23 07/04/24 11:31 .098

Subject Name

Test 3
Subject I.D.

Operator Name, I.D.

Montgomery 220216
Location
MPD

AS IV Serial no: 107460
Version no: 532B

TEST RECORD 01212

Temp Date Time 210L

Air Blank:
07/04/24 11:28 .000
Calibration Check:
20 07/04/24 11:28 .099

Subject Name

Test 2
Subject I.D.

Operator Name, I.D.

Montgomery 220216
Location
MPD

AS IV Serial no: 107460
Version no: 532B

TEST RECORD 01214

Temp Date Time 210L

VOID: RFI
12 07/04/24 11:33

Subject Name

Test RFI
Subject I.D.

Operator Name, I.D.

Montgomery 220216
Location
MPD



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



**PERMIT
 TYPE II**

M. BLAKE MONTGOMERY

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 DMT

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 9/2/2022

NUMBER 220216

EXPIRES 9/2/2024

Mike Massum

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Paula J. Nickelson

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 MONTGOMERY, M.
Permit No 220216
Date Issued 9/2/2022 **Date Expires** 9/2/2024

