



**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 Police Department	DATE OF INSPECTION 09/22/2024
-----------------------------	--	----------------------------------

LOCATION OF INSTRUMENT (STREET AND CITY) 461 W. Arrow, Marshall MO	TIME OF INSPECTION 1:15 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 Intoximeters 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 .098

TEST 2 .097

TEST 3 .097

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 	PRINT NAME M. BLAKE MONTGOMERY
TYPE II PERMIT NUMBER/EXPIRATION DATE 240202 09/05/2026	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 01247

Temp	Date	Time	g/L
			210L

Air Blank:  
09/22/24 01:15 .000

Calibration Check:  
22 09/22/24 01:15 .098

Subject Name

Test 1

Subject I.D.

Operator Name, I.D.

Montgomery 240202

Location

MPD

AS IV Serial no: 107460  
Version no: 532B

TEST RECORD 01248

Temp	Date	Time	g/L
			210L

Air Blank:  
09/22/24 01:16 .000

Subject Test: Man  
23 09/22/24 01:16 .097

Subject Name

Test 2

Subject I.D.

Operator Name, I.D.

Location

Montgomery 240202

MPD

AS IV Serial no: 107460  
Version no: 532B

TEST RECORD 01249

Temp	Date	Time	g/L
			210L

Air Blank:  
09/22/24 01:19 .000

Calibration Check:  
23 09/22/24 01:19 .097

Subject Name

Test 3

Subject I.D.

Operator Name, I.D.

Montgomery 240202

Location

MPD

AS IV Serial no: 107460  
Version no: 532B

TEST RECORD 01250

Temp	Date	Time	g/L
			210L

VOID: RFI  
12 09/22/24 01:20

Subject Name

Test RFI

Subject I.D.

Operator Name, I.D.

Montgomery 240202

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 9/5/2024

NUMBER 240202

EXPIRES 9/5/2026

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES



**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** 240202  
**Date Issued** 9/5/2024    **Date Expires** 9/5/2026



