



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

RECEIVED  
 BY: [unclear] DIVISION OF [unclear] HEALTH

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 <b>111336</b>	NAME OF AGENCY <b>INDEPENDENCE PD</b>	DATE OF INSPECTION <b>12-3-2024</b>
LOCATION OF INSTRUMENT (STREET AND CITY) <b>14609 E THOMAS RD, INDEPENDENCE, MO</b>		TIME OF INSPECTION <b>1306</b>

**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 **IN TOXIMETERS** LOT # **AG311602** EXP. DATE **4-21-2025**
- 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 <b>.101</b>	TEST 2 <b>.101</b>	TEST 3 <b>.101</b>
--------------------	--------------------	--------------------

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 <b>B. SCHMIDT</b>
TYPE II PERMIT NUMBER/EXPIRATION DATE <b>740084 4/2/2026</b>	TELEPHONE NUMBER <b>816-325-7300</b>

**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: 111336  
Version no: 532B

TEST RECORD 00303

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

Air Blank:  
12/03/24 13:06 .000  
Calibration Check:  
22 12/03/24 13:06 .101

Subject Name

MONTHLY TEST

Subject I.D. 240084

B. SCHMIDT

Operator Name, I.D.

14609 E THOMAS RD

Location

TEST 1

AS IV Serial no: 111336  
Version no: 532B

TEST RECORD 00304

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

Air Blank:  
12/03/24 13:08 .000  
Calibration Check:  
23 12/03/24 13:08 .101

Subject Name

MONTHLY TEST

Subject I.D. 240084

B. SCHMIDT

Operator Name, I.D.

14609 E THOMAS RD

Location

TEST 2

AS IV Serial no: 111336  
Version no: 532B

TEST RECORD 00305

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

Air Blank:  
12/03/24 13:10 .000  
Calibration Check:  
24 12/03/24 13:10 .101

Subject Name

MONTHLY TEST

Subject I.D. 240084

B. SCHMIDT

Operator Name, I.D.

14609 E THOMAS RD

Location

TEST 3

AS IV Serial no: 111336  
Version no: 532B

TEST RECORD 00306

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

VOID: RFI  
12 12/03/24 13:12

Subject Name

MONTHLY TEST

Subject I.D.

240084

Operator Name, I.D.

B. SCHMIDT

14609 E THOMAS RD

Location

TEST 4





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

2

**PERMIT**  
**TYPE II**  
**BRETT SCHMIDLI**

is hereby authorized to instruct and supervise operators, train instructors, inspect, callibrate, 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 4/2/2024

NUMBER 240084

EXPIRES 4/2/2026

*Mike Masina*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*David F. Nicholson*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R8-10)

MO 580-0771 (6-10)

 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 SCHMIDLI, BRETT  
 Permit No 240084  
 Date Issued 4/2/2024 Date Expires 4/2/2026

