



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 111634	NAME OF AGENCY Missouri State Highway Patrol	DATE OF INSPECTION 12/01/2024
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LOCATION OF INSTRUMENT (STREET AND CITY) Troop B, Zone 6 Office Kahoka, MO	TIME OF INSPECTION 9:45 am
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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

SIMULATOR SOLUTION COMPRESSED ETHANOL-GAS MIXTURE

STANDARD SUPPLIER Guth Labs LOT # 23390 EXP. DATE 10/17/2025

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.02 SIM. SN MP2120 SIM. NIST EXP DATE 04/25/2025

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 **0.104**

TEST 2 **0.104**

TEST 3 **0.105**

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)
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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
CPL R. D. Johnson

TYPE II PERMIT NUMBER/EXPIRATION DATE
240036// 02/05/2026

TELEPHONE NUMBER
(660) 385-2132

Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office by mail, fax, or email.

DEC 01 2024

AS IV Serial no: 111634
Version no: 532B

TEST RECORD 00138

Temp Date Time ^{s/} 210L

Air Blank:
12/01/24 09:47 .000
Calibration Check:
23 12/01/24 09:47 .104

Subject Name

Test #1

Subject I.D.

Test

Operator Name, I.D.

R. Johnson

Location

Troop B, Zone 6
Kanoka

AS IV Serial no: 111634
Version no: 532B

TEST RECORD 00139

Temp Date Time ^{s/} 210L

Air Blank:
12/01/24 09:48 .000
Calibration Check:
24 12/01/24 09:48 .104

Subject Name

Test #2

Subject I.D.

Test

Operator Name, I.D.

R. Johnson

Location

Troop B, Zone 6

Kanoka, MO

AS IV Serial no: 111634
Version no: 532B

TEST RECORD 00141

Temp Date Time ^{s/} 210L

Air Blank:
12/01/24 09:51 .000
Calibration Check:
25 12/01/24 09:51 .105

Subject Name

Test #3

Subject I.D.

Test

Operator Name, I.D.

R. Johnson

Location

Troop B Zone 6

Kanoka, MO

AS IV Serial no: 111634
Version no: 532B

TEST RECORD 00142

Temp Date Time ^{s/} 210L

VOID: RFI
12 12/01/24 09:52

Subject Name

RFI

Subject I.D.

Test - R Johnson

Operator Name, I.D.

R Johnson

Location

Troop B, Zone 6

Kanoka, MO



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



PERMIT
TYPE II
RILEY D. JOHNSON

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 2/5/2024

NUMBER 240036

EXPIRES 2/5/2026

Mike Massum

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Dave J. Nickelson

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 JOHNSON, RILEY
 Permit No 240036
 Date issued 2/5/2024 Date Expires 2/5/2026

