



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 111654	NAME OF AGENCY Platte County Sheriff's Office	DATE OF INSPECTION 06/02/2024
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LOCATION OF INSTRUMENT (STREET AND CITY) 11724 NW PLAZA CIR, KANSAS CITY, MO	TIME OF INSPECTION 7:53 pm
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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 Intoximeters, Inc. LOT # AG309501 EXP. DATE 04/05/2025

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 0.097

TEST 2 0.096

TEST 3 0.095

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
Daniel Gearhart

TYPE II PERMIT NUMBER/EXPIRATION DATE
240092/04-12-2026

TELEPHONE NUMBER
(816) 858-3521

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: 111654
Version no: 532B

TEST RECORD 00357

Temp Date Time ^{s/} 210L

Air Blank:
06/02/24 19:54 .000
Calibration Check:
20 06/02/24 19:54 .097

Subject Name

MAINTENANCE

Subject I.D.

TEST #1

Operator Name, I.D.

GEARHART 240092

Location

11724 NW PLAZA CTR

KANSAS CITY, MO 64153

AS IV Serial no: 111654
Version no: 532B

TEST RECORD 00358

Temp Date Time ^{s/} 210L

Air Blank:
06/02/24 19:56 .000
Calibration Check:
21 06/02/24 19:56 .096

Subject Name

MAINTENANCE

Subject I.D.

TEST #2

Operator Name, I.D.

GEARHART 240092

Location

11724 NW PLAZA CTR

KANSAS CITY, MO 64153

AS IV Serial no: 111654
Version no: 532B

TEST RECORD 00359

Temp Date Time ^{s/} 210L

Air Blank:
06/02/24 19:59 .000
Calibration Check:
22 06/02/24 19:59 .095

Subject Name

MAINTENANCE

Subject I.D.

TEST #3

Operator Name, I.D.

GEARHART 240092

Location

11724 NW PLAZA CTR

KANSAS CITY, MO 64153

AS IV Serial no: 111654
Version no: 532B

TEST RECORD 00360

Temp Date Time ^{s/} 210L

VOID: RFI
12 06/02/24 20:01

Subject Name

MAINTENANCE

Subject I.D.

TEST #4 - RFI

Operator Name, I.D.

GEARHART 240092

Location

11724 NW PLAZA CTR

KANSAS CITY, MO 64153



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

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PERMIT
TYPE II
DANIEL GEARHART

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

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 4/12/2024

NUMBER 240092

EXPIRES 4/12/2026

Mike Mason

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Paula J. Nielson

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 GEARHART, DANIEL
Permit No 240092
Date Issued 4/12/2024 **Date Expires** 4/12/2026

