



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 111667	NAME OF AGENCY Platte County Sheriff's Office	DATE OF INSPECTION 09/01/2024
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LOCATION OF INSTRUMENT (STREET AND CITY) 11724 NW PLAZA CIR, KANSAS CITY	TIME OF INSPECTION 11:35 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 ← 0.096

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: 111667
Version no: 532B

TEST RECORD 01035

Temp Date Time 21⁹/₁₀L

Air Blank:
09/01/24 23:35 .000
Calibration Check:
25 09/01/24 23:35 .097

Subject Name

MAINTENANCE

Subject I.D.

TEST #1

Operator Name, I.D.

GEARHART 240092

Location

11724 NW PLAZA CIR

KANSAS CITY, MO

AS IV Serial no: 111667
Version no: 532B

TEST RECORD 01036

Temp Date Time 21⁹/₁₀L

Air Blank:
09/01/24 23:36 .000
Calibration Check:
25 09/01/24 23:36 .096

Subject Name

MAINTENANCE

Subject I.D.

TEST #2

Operator Name, I.D.

GEARHART 240092

Location

11724 NW PLAZA CIR

KANSAS CITY, MO

AS IV Serial no: 111667
Version no: 532B

TEST RECORD 01037

Temp Date Time 21⁹/₁₀L

Air Blank:
09/01/24 23:38 .000
Calibration Check:
25 09/01/24 23:38 .096

Subject Name

MAINTENANCE

Subject I.D.

TEST #3

Operator Name, I.D.

GEARHART 240092

Location

11724 NW PLAZA CIR

KANSAS CITY, MO

AS IV Serial no: 111667
Version no: 532B

TEST RECORD 01038

Temp Date Time 21⁹/₁₀L

VOID: RFI
12 09/01/24 23:39

Subject Name

MAINTENANCE

Subject I.D.

TEST 4 RFI

Operator Name, I.D.

GEARHART 240092

Location

11724 NW PLAZA CIR

KANSAS CITY, MO



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



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

Mike Mason
 DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 240092

Paula J. Nielson
 DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

EXPIRES 4/12/2026

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

