



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 12/07/2024
LOCATION OF INSTRUMENT (STREET AND CITY) 11724 NW PLAZA CIR, KANSAS CITY		TIME OF INSPECTION 8:42 pm

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 0.099

TEST 2 0.099

TEST 3 0.098

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	(0-.04)	0	(.05-.09)	2	(.10-.14)	2	(.15-.19)	1	(OVER .19)	1
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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 01093

Temp	Date	Time	210L
Air Blank:			
	12/07/24	20:43	.000
Calibration Check:			
18	12/07/24	20:43	.099

Subject Name

MAINTENANCE

Subject I.D.

TEST #1

Operator Name, I.D.

GEARHART 240092

Location

11724 NW PLAZA CTR

KCMO

AS IV Serial no: 111667
Version no: 532B

TEST RECORD 01094

Temp	Date	Time	210L
Air Blank:			
	12/07/24	20:44	.000
Calibration Check:			
19	12/07/24	20:44	.099

Subject Name

MAINTENANCE

Subject I.D.

TEST #2

Operator Name, I.D.

GEARHART 240092

Location

11724 NW PLAZA CTR

KCMO

AS IV Serial no: 111667
Version no: 532B

TEST RECORD 01096

Temp	Date	Time	210L
Air Blank:			
	12/07/24	20:48	.000
Calibration Check:			
20	12/07/24	20:48	.098

Subject Name

MAINTENANCE

Subject I.D.

TEST #3

Operator Name, I.D.

GEARHART 240092

Location

11724 NW PLAZA CTR

KCMO

AS IV Serial no: 111667
Version no: 532B

TEST RECORD 01097

Temp	Date	Time	210L
VOID: RFI			
12	12/07/24	20:49	

Subject Name

GEARHART MAINTENANCE

Subject I.D.

TEST #4

Operator Name, I.D.

GEARHART 240092

Location

11724 NW PLAZA CTR

KCMO



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

NUMBER 240092

EXPIRES 4/12/2026

Mike Mason

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

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

