



**RECEIVED**

By Tracy Crews at 7:32 am, Jul 30, 2024

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 111668	NAME OF AGENCY Saint Joseph Police Department/BCSD	DATE OF INSPECTION 07/29/2024
LOCATION OF INSTRUMENT (STREET AND CITY) 501 Faraon Street, Saint Joseph MO. 64501		TIME OF INSPECTION 8:15 am

**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 LOT # AG304601 EXP. DATE 02/15/2025

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 .103

TEST 2 .101

TEST 3 .100

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).

Reprint was due to low power on first printer.  
Time was adjusted for daylight saving time.

**INSPECTING OFFICER**

SIGNATURE 	PRINT NAME John L. Foster
TYPE # PERMIT NUMBER/EXPIRATION DATE 230163 Exp-08/07/2025	TELEPHONE NUMBER (816) 596-8206

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

MONTHLY MAINTENANCE REPORT ASIV-W/PRINTER

AS IV Serial no: 111668  
Version no: 532B

TEST RECORD - REPRINT

TEST RECORD 00079

Temp Date Time 210L <sup>9/</sup>

Air Blank:

07/29/24 07:22 .000

Subject Test: Man

20 07/29/24 07:22 .103

Subject Name

Test For Service

Subject I.D.

Foster Jbn 28977

Operator Name, I.D.

501 Tavares

Location

Sgt. Joseph M. Cusol

LEC

AS IV Serial no: 111668  
Version no: 532B

TEST RECORD 00079

Temp Date Time 210L <sup>9/</sup>

Air Blank:

07/29/24 07:22 .000

Subject Test: Man

20 07/29/24 07:22 .103

AS IV Serial no: 111668  
Version no: 532B

TEST RECORD 00080

Temp Date Time 210L <sup>9/</sup>

Air Blank:

07/29/24 07:26 .000

Calibration Check:

22 07/29/24 07:26 .101

Subject Name

Test For Service

Subject I.D.

Foster Jbn 28977

Operator Name, I.D.

501 Tavares St.

Location

Sgt. Joseph M. Cusol

LEC

AS IV Serial no: 111668  
Version no: 532B

TEST RECORD - REPRINT

TEST RECORD 00079

Temp Date Time 210L <sup>9/</sup>

Air Blank:

07/29/24 07:22 .000

Subject Test: Man

20 07/29/24 07:22 .103

AS IV Serial no: 111668  
Version no: 532B

TEST RECORD 00081

Temp Date Time 210L <sup>9/</sup>

Air Blank:

07/29/24 08:27 .000

Calibration Check:

23 07/29/24 08:27 .100

Subject Name

Test For Service

Subject I.D.

Foster Jbn 28977

Operator Name, I.D.

501 Tavares St.

Location

Sgt. Joseph M. Cusol

LEC

AS IV Serial no: 111668  
Version no: 532B

TEST RECORD 00082

Temp Date Time 210L <sup>9/</sup>

VOID: RFI

12 07/29/24 08:28

Subject Name

Test For Service

Subject I.D.

Foster Jbn 28977

Operator Name, I.D.

501 Tavares St.

Location

Sgt. Joseph M. Cusol

LEC



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

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**PERMIT**  
**TYPE II**  
**JOHN L. FOSTER**

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 EC/IR II**

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 8/7/2023

NUMBER 230163

EXPIRES 8/7/2025

*Mike Mason*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*David J. Nielson*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

