



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 STATE PUBLIC HEALTH LABORATORY
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 111739 | NAME OF AGENCY Lake Lotawana Police Department | DATE OF INSPECTION 12/18/2024 |
| LOCATION OF INSTRUMENT (STREET AND CITY) 100 Lake Lotawana Road, Lake Lotawana, MO 64086 | | TIME OF INSPECTION 10:30 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

| | |
|---|--|
| <input type="checkbox"/> SIMULATOR SOLUTION | <input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE |
| <input checked="" type="checkbox"/> STANDARD SUPPLIER <u>Intoximeters</u> | LOT # <u>AG309501</u> EXP. DATE <u>04/05/2025</u> |
| <input type="checkbox"/> 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 ➡ .098 | TEST 2 ➡ .097 | TEST 3 ➡ .097 |
|---------------|---------------|---------------|

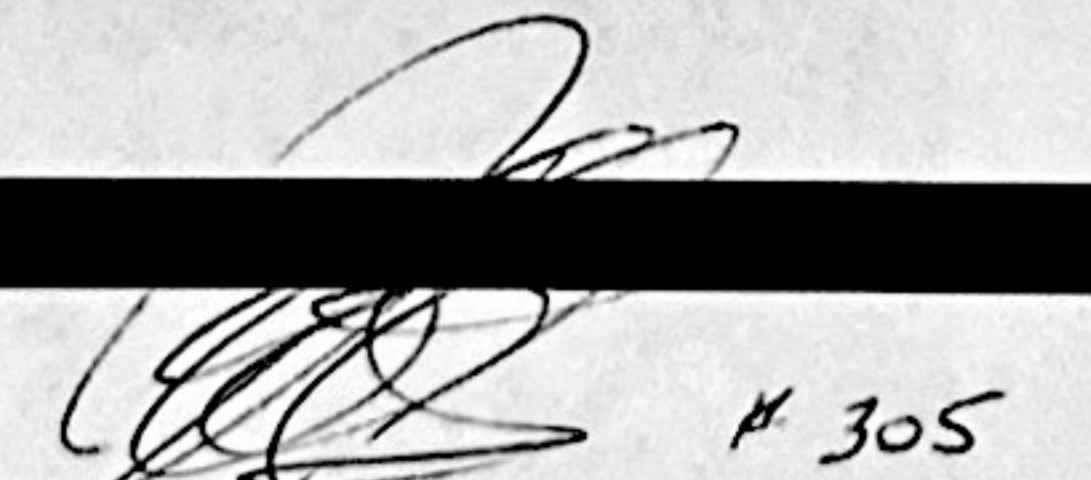
- RFI DETECTOR OPERATING

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) | 0 | (.10-.14) | 0 | (.15-.19) | 0 | (OVER .19) | 0 |
|----------|---|---------|---|-----------|---|-----------|---|-----------|---|------------|---|

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).

Instrument operating within DHSS standards and guidelines.

| | |
|--|-------------------------------------|
| INSPECTING OFFICER | |
| SIGNATURE  # 305 | PRINT NAME Ofc. Jason A. Lederer |
| TYPE II PERMIT NUMBER/EXPIRATION DATE 230201 / 09/07/2025 | TELEPHONE NUMBER (816) 578-4333 |

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: 111739
Version no: 532B

TEST RECORD 00679

| Temp | Date | Time | g/ 210L |
|------|------|------|------------|
|------|------|------|------------|

Air Blank:
12/18/24 22:54 .000
Calibration Check:
22 12/18/24 22:54 .098

Subject Name

TEST #1

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 111739
Version no: 532B

TEST RECORD 00680

| Temp | Date | Time | g/ 210L |
|------|------|------|------------|
|------|------|------|------------|

Air Blank:
12/18/24 22:56 .000
Calibration Check:
23 12/18/24 22:56 .097

Subject Name

TEST #2

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 111739
Version no: 532B

TEST RECORD 00681

| Temp | Date | Time | g/ 210L |
|------|------|------|------------|
|------|------|------|------------|

Air Blank:
12/18/24 22:59 .000
Calibration Check:
23 12/18/24 22:59 .097

Subject Name

TEST #3

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 111739
Version no: 532B

TEST RECORD 00682

| Temp | Date | Time | g/ 210L |
|------|------|------|------------|
|------|------|------|------------|

VOID: RFI
12 12/18/24 23:01

Subject Name

RFI CHECK

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 111739
Version no: 532B

TEST RECORD 00683

| Temp | Date | Time | g/ 210L |
|------|------|------|------------|
|------|------|------|------------|

Air Blank:
12/18/24 23:04 .000
Subject Test: Auto
24 12/18/24 23:04 .000

Subject Name

SAMPLE TEST

Subject I.D.

Operator Name, I.D.

LEDERER #305

Location

PERMIT # 230201

EXP DATE 09/09/2025



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



**PERMIT
 TYPE II**

JASON A. LEDERER

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 9/7/2023

NUMBER 230201

EXPIRES 9/7/2025

Mike Mason

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

David 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 LEDERER, JASON
 Permit No 230201
 Date Issued 9/7/2023 Date Expires 9/7/2025

