



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 STATE PUBLIC HEALTH LABORATORY  
**ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT**

RECEIVED  
 BY: [unclear] Date: 2/17/25, PM: 10:16

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 087965	NAME OF AGENCY Cass County Sheriff's Office	DATE OF INSPECTION 2/04/25
LOCATION OF INSTRUMENT (STREET AND CITY) 2501 W. Mechanic, Harrisonville		TIME OF INSPECTION 1700

**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 # AG305102 EXP. DATE 02/20/2025

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 → 1.00

TEST 2 → 1.00

TEST 3 → 1.00

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
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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  
James N. Rew #563

TYPE II PERMIT NUMBER/EXPIRATION DATE  
240205 09/06/2026

TELEPHONE NUMBER  
(816) 380-5200

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: 087965  
Version no: 532B

TEST RECORD 00878

Temp Date Time 21OL

Air Blank:  
02/04/25 17:29 .000

Calibration Check:  
21 02/04/25 17:29 .100

Subject Name

Test 1

Subject I.D.

Operator Name, I.D.

Rev 163 24205 9/6/26

Location

2501 W. Meador

AS IV Serial no: 087965  
Version no: 532B

TEST RECORD 00879

Temp Date Time 21OL

Air Blank:  
02/04/25 17:31 .000

Calibration Check:  
21 02/04/25 17:31 .100

Subject Name

Test 2

Subject I.D.

Operator Name, I.D.

Rev 163 24205 9/6/26

Location

2501 W. Meador

AS IV Serial no: 087965  
Version no: 532B

TEST RECORD 00880

Temp Date Time 21OL

Air Blank:  
02/04/25 17:33 .000

Calibration Check:  
22 02/04/25 17:33 .100

Subject Name

Test 3

Subject I.D.

Operator Name, I.D.

Rev 163 24205

Location

2501 W. Meador

AS IV Serial no: 087965  
Version no: 532B

TEST RECORD 00881

Temp Date Time 21OL

VOID: RFI  
12 02/04/25 17:35

Subject Name

Test RFI

Subject I.D.

Operator Name, I.D.

Rev 163 24205 9/6/26

Location

2501 W. Meador

AS IV Serial no: 087965  
Version no: 532B

TEST RECORD 00882

Temp Date Time 21OL

Air Blank:  
02/04/25 17:36 .000

Subject Test: Auto  
23 02/04/25 17:36 .000

Subject Name

Test Blank

Subject I.D.

Operator Name, I.D.

Rev 163 24205 9/6/26

Location

2501 W. Meador





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



**PERMIT**  
 TYPE II

**JAMES N. REW**

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 9/6/2024

NUMBER 240205

EXPIRES 9/6/2026

*Adam P. Hall*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Doreen J. Richardson*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES