



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 107460	NAME OF AGENCY MARSHALL PD	DATE OF INSPECTION 01/02/2025
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LOCATION OF INSTRUMENT (STREET AND CITY) MARSHALL PD 461 W. ARROW MARSHALL MO 65340	TIME OF INSPECTION 1:38 am
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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 INTOXIMETER LOT # AG319805 EXP. DATE 07/17/2025
- 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 .102	TEST 2 .102	TEST 3 .102
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- 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 M. BLAKE MONTGOMERY
TYPE II PERMIT NUMBER/EXPIRATION DATE 240202 09/05/2026	TELEPHONE NUMBER (660) 886-7411

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: 107460
Version no: 532B

TEST RECORD 01321

Temp Date Time ^{a/} 210L

Air Blank:
01/02/25 01:38 .000
Calibration Check:
28 01/02/25 01:38 .102

Subject Name

Test 1

Subject I.D.

Operator Name, I.D.

Montgomery 240202

Location

MPD

AS IV Serial no: 107460
Version no: 532B

TEST RECORD 01323

Temp Date Time ^{a/} 210L

Air Blank:
01/02/25 01:42 .000
Calibration Check:
28 01/02/25 01:42 .102

Subject Name

Test 3

Subject I.D.

Operator Name, I.D.

Montgomery 240202

Location

MPD

AS IV Serial no: 107460
Version no: 532B

TEST RECORD 01322

Temp Date Time ^{a/} 210L

Air Blank:
01/02/25 01:40 .000
Calibration Check:
28 01/02/25 01:40 .102

Subject Name

Test 2

Subject I.D.

Montgomery 240202

Operator Name, I.D.

MPD

Location

AS IV Serial no: 107460
Version no: 532B

TEST RECORD 01324

Temp Date Time ^{a/} 210L

VOID: RFI
12 01/02/25 01:44

Subject Name

Test RFI

Subject I.D.

Operator Name, I.D.

Montgomery 240202

Location

MPD



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

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**PERMIT
 TYPE II**

M. BLAKE MONTGOMERY

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 DMT

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 9/5/2024

Adam J. Rubin

DIRECTOR STATE PUBLIC HEALTH LABORATORY

NUMBER 240202

Paula J. Nicholson

EXPIRES 9/5/2026

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R6-10)

 **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 MONTGOMERY, M.
Permit No 240202
Date Issued 9/5/2024 **Date Expires** 9/5/2026

