



**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 01/06/2025
LOCATION OF INSTRUMENT (STREET AND CITY) 11724 NW PLAZA CIR, KANSAS CITY		TIME OF INSPECTION 1:51 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, 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 → 0.098	TEST 2 → 0.098	TEST 3 → 0.098
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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	(0-.04)	1	(.05-.09)	1	(.10-.14)	5	(.15-.19)	2	(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 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 01113

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

Air Blank: 01/06/25 01:51 .000  
Calibration Check: 24 01/06/25 01:51 .098

Subject Name

MAINTENANCE  
Subject I.D.

TEST 1  
Operator Name, I.D.

GERHART 240092  
Location

11724 NW PLAZA CIR

KCMO

AS IV Serial no: 111667  
Version no: 532B

TEST RECORD 01114

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

Air Blank: 01/06/25 01:52 .000  
Calibration Check: 24 01/06/25 01:52 .098

Subject Name

MAINTENANCE  
Subject I.D.

TEST 2  
Operator Name, I.D.

GERHART 240092  
Location

11724 NW PLAZA CIR

KCMO

AS IV Serial no: 111667  
Version no: 532B

TEST RECORD 01115

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

Air Blank: 01/06/25 01:54 .000  
Calibration Check: 25 01/06/25 01:54 .098

Subject Name

MAINTENANCE  
Subject I.D.

TEST 3  
Operator Name, I.D.

GERHART 240092  
Location

11724 NW PLAZA CIR

KCMO

AS IV Serial no: 111667  
Version no: 532B

TEST RECORD 01116

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

VOID: RFI  
12 01/06/25 01:56

Subject Name

MAINTENANCE  
Subject I.D.

TEST 4 RFI  
Operator Name, I.D.

GERHART 240092  
Location

11724 NW PLAZA CIR

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

*Daniel J. Nicholson*

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

