



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

RECEIVED

REPORT #7

By Tracy Crews at 8:05 am, Dec 28, 2023

Complete this report in duplicate at the time of the regular monthly preventative maintenance check. Send copy to Department of Health and Senior Services; retain original in department file.

ALCO SENSOR IV SN 030807	NAME OF AGENCY Jefferson County Sheriff's Office	DATE OF INSPECTION 12/27/2023
LOCATION OF INSTRUMENT (STREET AND CITY) 400 First Street Hillsboro, MO 63050		TIME OF INSPECTION 1751

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 # AG305902 EXP. DATE 02/28/2025

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 ← .101

TEST 2 ← .100

TEST 3 ← .098

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 *Zachary Reed #810*

PRINT NAME **Zachary Reed #810**

TYPE II PERMIT NUMBER/EXPIRATION DATE **230236 / 10/31/2025**

TELEPHONE NUMBER
(636) 797-5000

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: 030807
Version no: 532B

TEST RECORD 00348

Temp Date Time ^{9/} 210

Air Blank:
12/27/23 17:51 .000
Calibration Check:
13 12/27/23 17:51 .101

Subject Name
Test 1
Subject I.D.

Operator Name, I.D.
Dep Z. Reed #10/230236
Location

400 1st St.

Hillsboro, MO 69050

AS IV Serial no: 030807
Version no: 532B

TEST RECORD 00350

Temp Date Time ^{9/} 210

Air Blank:
12/27/23 17:58 .000
Calibration Check:
20 12/27/23 17:58 .058

Subject Name
Test 3
Subject I.D.

Operator Name, I.D.
Dep Z. Reed #10/230236
Location

AS IV Serial no: 030807
Version no: 532B

TEST RECORD 00349

Temp Date Time ^{9/} 210

Air Blank:
12/27/23 17:56 .000
Calibration Check:
19 12/27/23 17:56 .100

Subject Name
Test 2
Subject I.D.

Operator Name, I.D.
Dep Z. Reed #10/230236
Location

AS IV Serial no: 030807
Version no: 532B

TEST RECORD 00351

Temp Date Time ^{9/} 210

VOID: RFI
12 12/27/23 18:00

Subject Name
Test 4 RFI
Subject I.D.

Operator Name, I.D.
Dep Z. Reed #10/230236
Location

