



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 STATE PUBLIC HEALTH LABORATORY  
 ALCO-SENSOR IV WITH PRINT

REPORT #7

**RECEIVED**

**By Tracy Crews at 10:35 am, Jan 01, 2024**

Complete this report in duplicate at the time of the inspection. Every instrument is repaired. Send copy to Department of Health and Senior Services.

ALCO SENSOR IV SN 087967	NAME OF AGENCY Joplin Police Department	DATE OF INSPECTION 12/26/2023
LOCATION OF INSTRUMENT (STREET AND CITY) 303 E 3rd Street Joplin, MO 64801		TIME OF INSPECTION 1:05 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 LOT # AG311003 EXP. DATE 04/20/2025
- 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 ➡ 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)	0	(.05-.09)	0	(.10-.14)	2	(.15-.19)		(OVER .19)	1
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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 Kenneth Andersen
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TYPE II PERMIT NUMBER/EXPIRATION DATE 230317/ 12-21-2025	TELEPHONE NUMBER (417) 623-3131
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**Return completed report to the:** Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office by mail, fax, or email.