



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

**RECEIVED**  
 By Tracy Crews at 7:42 am, Apr 06, 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 097429	NAME OF AGENCY Jefferson County Sheriff's Office	DATE OF INSPECTION 04/05/2023
LOCATION OF INSTRUMENT (STREET AND CITY) 400 First Street, Hillsboro, MO 63050		TIME OF INSPECTION 7:25 pm

**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 .101

TEST 3 .100

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)
----------	---------	-----------	-----------	-----------	------------

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  
Nicholas Gamm

TYPE II PERMIT NUMBER/EXPIRATION DATE  
220153 / 06/01/2024

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: 097429  
Version no: 532B

TEST RECORD 00385

Temp Date Time 21<sup>9</sup>OL

Air Blank:  
04/05/23 18:43 .000  
Calibration Check:  
23 04/05/23 18:43 .101

Subject Name  
April Maintenance  
Subject I.D.  
Gramm 220153  
Operator Name, I.D.  
JCSO HQ  
Location

Test #1

AS IV Serial no: 097429  
Version no: 532B

TEST RECORD 00386

Temp Date Time 21<sup>9</sup>OL

Air Blank:  
04/05/23 18:46 .000  
Calibration Check:  
24 04/05/23 18:46 .101

Subject Name  
Subject I.D.  
Operator Name, I.D.  
Location

Test #2

AS IV Serial no: 097429  
Version no: 532B

TEST RECORD 00387

Temp Date Time 21<sup>9</sup>OL

Air Blank:  
04/05/23 18:49 .000  
Calibration Check:  
25 04/05/23 18:49 .100

Subject Name  
Subject I.D.  
Operator Name, I.D.  
Location

Test #3

AS IV Serial no: 097429  
Version no: 532B

TEST RECORD 00388

Temp Date Time 21<sup>9</sup>OL

VOID: RF1  
12 04/05/23 18:51

Subject Name  
Subject I.D.  
Operator Name, I.D.  
Location

RF1!!!