



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY

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 105450	NAME OF AGENCY Pagedale Police Department	DATE OF INSPECTION 01/26/2023
LOCATION OF INSTRUMENT (STREET AND CITY) 1420 Ferguson Avenue Pagedale MO 63133		TIME OF INSPECTION 1:07 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 Mid-America Airgas LOT # AG116501 EXP. DATE 02/14/2023

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 .101

TEST 3 .101

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)	0	(.15-.19)	0	(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

Shannon E. Gregory

TYPE II PERMIT NUMBER/EXPIRATION DATE

220004 exp-01/06/2024

TELEPHONE NUMBER

(314) 448-6635

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: 105450
Version no: 532B

TEST RECORD 00614

Temp Date Time 210L
Air Blank: 01/26/23 01:07 .000
Calibration Check: 19 01/26/23 01:07 .102

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

AS IV Serial no: 105450
Version no: 532B

TEST RECORD 00612

Temp Date Time 210L
Air Blank: 01/26/23 01:09 .000
Calibration Check: 20 01/26/23 01:09 .101

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

AS IV Serial no: 105450
Version no: 532B

TEST RECORD 00613

Temp Date Time 210L
Air Blank: 01/26/23 01:11 .000
Calibration Check: 21 01/26/23 01:11 .101

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

AS IV Serial no: 105450
Version no: 532B

TEST RECORD 00614

Temp Date Time 210L
VOID: RFI
12 01/26/23 01:13

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

AS IV Serial no: 105450
Version no: 532B

TEST RECORD 00615

Temp Date Time 210L
Air Blank: 01/26/23 01:14 .000
Subject Test: Auto
24 01/26/23 01:14 .000

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