



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

**RECEIVED**

By Tracy Crews at 8:49 am, Apr 02, 2023

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 <b>111319</b>	NAME OF AGENCY <b>Piedmont P.D.</b>	DATE OF INSPECTION <b>03-18-2023</b>
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LOCATION OF INSTRUMENT (STREET AND CITY) <b>1116 W. Green St Piedmont Mo 63957</b>	TIME OF INSPECTION <b>1116 hours</b>
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**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 **ACS** LOT # **202212B** EXP. DATE **12-06-2024**

SIMULATOR TEMPERATURE (34°C ± 0.2°C) **34°C** SIM. SN **SD2257** SIM. NIST EXP DATE **12-13-2023**

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 • <b>.100%</b>	TEST 2 • <b>.100%</b>	TEST 3 • <b>.100%</b>
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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 <b>0</b>	(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 <b>P.O. Shawn Campbell #3284</b>	PRINT NAME <b>Shawn Campbell</b>
TYPE II PERMIT NUMBER/EXPIRATION DATE <b>220272 / 12-21-2024</b>	TELEPHONE NUMBER <b>573-223-4300</b>

**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: 111319  
Version no: 532B

TEST RECORD 00454

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

Air Blank:  
03/18/23 11:16 .000  
Subject Test: Man  
20 03/18/23 11:16 .100

Subject Name

Test

Subject I.D.

one

Operator Name, I.D.

Campbell 220272

Location

116 W. Green St

Piedmont Mo 63957

AS IV Serial no: 111319  
Version no: 532B

TEST RECORD 00455

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

Air Blank:  
03/18/23 11:18 .000  
Subject Test: Man  
21 03/18/23 11:18 .100

Subject Name

Test

Subject I.D.

Two

Operator Name, I.D.

Campbell 220272

Location

116 W. Green St

Piedmont Mo 63957

AS IV Serial no: 111319  
Version no: 532B

TEST RECORD 00456

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

Air Blank:  
03/18/23 11:19 .000  
Subject Test: Man  
21 03/18/23 11:19 .100

Subject Name

Test

Subject I.D.

Three

Operator Name, I.D.

Campbell 220272

Location

116 W. Green St

Piedmont Mo 63957

AS IV Serial no: 111319  
Version no: 532B

TEST RECORD 00457

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

VOID: VVI  
12 03/18/23 11:20

Subject Name

RFI

Subject I.D.

Test

Operator Name, I.D.

Campbell 220272

Location

116 W. Green St

Piedmont Mo 63957