



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 7:43 am, Mar 07, 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 111676	NAME OF AGENCY Jefferson County Sheriff's Office	DATE OF INSPECTION 03/06/2023
LOCATION OF INSTRUMENT (STREET AND CITY) 410 First Street, Hillsboro, MO 63050		TIME OF INSPECTION 10:04 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

<input type="checkbox"/> SIMULATOR SOLUTION	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>Intoximeter</u>	LOT # <u>AG109702</u> EXP. DATE <u>04/07/2023</u>
<input type="checkbox"/> 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 .099	TEST 2 .099	TEST 3 .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-.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).

(Empty space for notes)

INSPECTING OFFICER	
SIGNATURE 	PRINT NAME Deputy Nicholas Gamm 549
TYPE II PERMIT NUMBER/EXPIRATION DATE 200190 / 06/22/2022	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 TV Serial no: 111676
Version no: 532B

TEST RECORD 00322

Temp Date Time ^{g/} 21CL

Air Blank:
03/06/23 22:36 .000
Calibration Check:
20 03/06/23 22:36 .099

Subject Name

March 2023
Subject I.D. *Maintenance*

Operator Name, I.D.

Gamm 220153
Location

Test #1

AS TV Serial no: 111676
Version no: 532B

TEST RECORD 00323

Temp Date Time ^{g/} 21CL

Air Blank:
03/06/23 22:38 .000
Calibration Check:
21 03/06/23 22:38 .099

Subject Name

Subject I.D.

Operator Name, I.D.

Location

Test #2

AS TV Serial no: 111676
Version no: 532B

TEST RECORD 00324

Temp Date Time ^{g/} 21CL

Air Blank:
03/06/23 22:40 .000
Calibration Check:
22 03/06/23 22:40 .098

Subject Name

Subject I.D.

Operator Name, I.D.

Location

Test #3

AS TV Serial no: 111676
Version no: 532B

TEST RECORD 00325

Temp Date Time ^{g/} 21CL

VOID RFI
12 03/06/23 22:42

Subject Name

Subject I.D.

Operator Name, I.D.

Location

RFI!!!

