



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 119732 | NAME OF AGENCY North County Police Cooperative | DATE OF INSPECTION 11/03/2023 |
| LOCATION OF INSTRUMENT (STREET AND CITY) Vehicle 623 (1414 Evergreen St. Louis MO) | | TIME OF INSPECTION 9:34 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

| | |
|--|--|
| <input type="checkbox"/> SIMULATOR SOLUTION | <input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE |
| <input checked="" type="checkbox"/> STANDARD SUPPLIER Intoximeters | LOT # <u>AG15202</u> EXP. DATE <u>06/01/2025</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 = .104 | TEST 2 = .102 | TEST 3 = .102 |
|---------------|---------------|---------------|

- 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) | 0 | (OVER .19) | 0 |
|----------|---|---------|---|-----------|---|-----------|---|-----------|---|------------|---|

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 space if necessary).

RECEIVED
By Tracy Crews at 1:10 pm, Nov 03, 2023

INSPECTING OFFICER

| | |
|--|--|
| SIGNATURE | PRINT NAME Shannon E. Gregory DSN 405 |
| TYPE II PERMIT NUMBER/EXPIRATION DATE 220004/01/06/2024 | TELEPHONE NUMBER (314) 428-7373 |

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: 119732
Version no: 532C
TEST RECORD 00102
Temp Date Time 210L
Air Blank:
11/03/23 09:48 .000
Calibration Check:
25 11/03/23 09:48 .102

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

AS IV Serial no: 119732
Version no: 532C
TEST RECORD 00105
Temp Date Time 210L
Air Blank:
11/03/23 09:48 .000
Calibration Check:
25 11/03/23 09:48 .102

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

AS IV Serial no: 119732
Version no: 532C
TEST RECORD 00104
Temp Date Time 210L
Air Blank:
11/03/23 09:48 .000
Calibration Check:
25 11/03/23 09:48 .102

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

AS IV Serial no: 119732
Version no: 532C
TEST RECORD 00106
Temp Date Time 210L
Air Blank:
11/03/23 09:48 .000
Sub test Test Auto
27 11/03/23 09:48 .000

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

AS IV Serial no: 119732
Version no: 532C
TEST RECORD 00107
Temp Date Time 210L
VDID: RFI
12 11/03/23 09:51

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