



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 7:16 am, Mar 22, 2024

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 097429	NAME OF AGENCY Jefferson County Sheriff's Office	DATE OF INSPECTION 03/20/2024
LOCATION OF INSTRUMENT (STREET AND CITY) 400 First St. Hillsboro, MO 63050		TIME OF INSPECTION 1818

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.

<input checked="" type="checkbox"/> DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)
<input checked="" type="checkbox"/> TEMPERATURE OF ALCO SENSOR (10°C - 40°C)
<input checked="" type="checkbox"/> PRINTER WORKING PROPERLY
<input checked="" type="checkbox"/> 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>AG305902</u> EXP. DATE <u>02/28/2025</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)

<input checked="" type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE
<input type="checkbox"/> 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE
<input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE

TEST 1 → .101	TEST 2 → .101	TEST 3 → .100
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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).

INSPECTING OFFICER	
SIGNATURE 	PRINT NAME Zachary Reed #810
TYPE II PERMIT NUMBER/EXPIRATION DATE 230236 / 10/31/2025	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 00435

Temp Date Time 21⁹/OL

Air Blank:
03/20/24 18:18 .000
Calibration Check:
20 03/20/24 18:18 .101

Subject Name

TEST 1
Subject I.D.
2-Rod 230236
Operator Name, I.D.

Location

AS IV Serial no: 097429
Version no: 532B

TEST RECORD 00436

Temp Date Time 21⁹/OL

Air Blank:
03/20/24 18:20 .000
Calibration Check:
21 03/20/24 18:20 .101

Subject Name

TEST 2
Subject I.D.

Operator Name, I.D.

2-Rod 230236
Location

Location

AS IV Serial no: 097429
Version no: 532B

TEST RECORD 00437

Temp Date Time 21⁹/OL

Air Blank:
03/20/24 18:22 .000
Calibration Check:
22 03/20/24 18:22 .100

Subject Name

TEST 3
Subject I.D.

Operator Name, I.D.

2-Rod 230236
Location

Location

AS IV Serial no: 097429
Version no: 532B

TEST RECORD 00439

Temp Date Time 21⁹/OL

VOID: RFI
12 03/20/24 18:24

Subject Name

TEST 4 BA
Subject I.D.

Operator Name, I.D.

2-Rod 230236
Location

Location

