



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

RECEIVED
 By Tracy Crews at 7:35 am, Jan 29, 2024

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 119726	NAME OF AGENCY Chesterfield Police Department	DATE OF INSPECTION 01/24/2024
LOCATION OF INSTRUMENT (STREET AND CITY) 690 Chesterfield Pkwy W, Chesterfield		TIME OF INSPECTION 6:11 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 Intoximeters LOT # AG223501 EXP. DATE 08/23/2024

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 → 0.079

TEST 2 → 0.078

TEST 3 → 0.078

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)
----------	---------	-----------	-----------	-----------	------------

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).

Instrument is operating within Missouri Department of Health Specifications.

INSPECTING OFFICER

SIGNATURE

PRINT NAME
 P.O. Rupp #264

TYPE II PERMIT NUMBER / EXPIRATION DATE
 230076 / 04/14/2025

TELEPHONE NUMBER
 (636) 537-3000

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: 119726
Version no: 532C

TEST RECORD 00066

Temp Date Time 210L
9/

Air Blank: 01/24/24 06:11 .000
Callibration Check: 21 01/24/24 06:11 .079

Subject Name
TEST #1

Subject I.D.
C. ROPP # 264

Operator Name, I.D.
230076

Location
690 Astorbhall

Plumy W

AS IV Serial no: 119726
Version no: 532C

TEST RECORD 00067

Temp Date Time 210L
9/

Air Blank: 01/24/24 06:12 .000
Callibration Check: 22 01/24/24 06:12 .078

Subject Name
TEST #2

Subject I.D.
C. ROPP # 264

Operator Name, I.D.
230076

Location
690 Astorbhall

Plumy W

AS IV Serial no: 119726
Version no: 532C

TEST RECORD 00068

Temp Date Time 210L
9/

Air Blank: 01/24/24 06:14 .000
Callibration Check: 22 01/24/24 06:14 .078

Subject Name
TEST #3

Subject I.D.
C. ROPP # 264

Operator Name, I.D.
230076

Location
690 Astorbhall

Plumy W

AS IV Serial no: 119726
Version no: 532C

TEST RECORD 00069

Temp Date Time 210L
9/

VOID: RF!
12 01/24/24 06:15

Subject Name
RF1 Test

Subject I.D.
C. ROPP # 264

Operator Name, I.D.
230076

Location
690 Astorbhall

Plumy W