



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

**RECEIVED**  
 By Tracy Crews at 11:49 am, Jan 16, 2020

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 030788	PRINTER SN 093.3567.011	DATE OF INSPECTION 01/16/2020
LOCATION OF INSTRUMENT (STREET AND CITY) Jefferson County Sheriff's Office, 410 First Street, Hillsboro, MO 63050		TIME OF INSPECTION 12:09 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 AirGas LOT # AG808602 EXP. DATE 03/27/2020

SIMULATOR TEMPERATURE (34°C ± 0.2°C) \_\_\_\_\_ SIMULATOR SN \_\_\_\_\_ SIMULATOR 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 ➔ .105

TEST 2 ➔ .104

TEST 3 ➔ .104

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) 2	(.15-.19) 1	(OVER .19) 3
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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 Deputy Nick Gamm #549
TYPE II PERMIT NUMBER/EXPIRATION DATE 280182 / 05/14/2020	TELEPHONE NUMBER (636) 797-5000

**Return completed report to the:** Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office  
 2875 James Boulevard  
 Poplar Bluff, MO 63901

AS IV Serial no: 030788  
Version no: 532B

TEST RECORD 00318

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

Air Blank:  
01/16/20 01:09 .000  
Calibration Check:  
21 01/16/20 01:09 .105

Subject Name  
*Test #1*  
Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 030788  
Version no: 532B

TEST RECORD 00319

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

Air Blank:  
01/16/20 01:11 .000  
Calibration Check:  
22 01/16/20 01:11 .104

Subject Name  
*Test #2*  
Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 030788  
Version no: 532B

TEST RECORD 00320

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

Air Blank:  
01/16/20 01:13 .000  
Calibration Check:  
23 01/16/20 01:13 .104

Subject Name  
*Test #3*  
Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 030788  
Version no: 532B

TEST RECORD 00321

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

VOID: RFI  
12 01/16/20 01:15

Subject Name  
*RFI*  
Subject I.D.

Operator Name, I.D.

Location