



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 104293	NAME OF AGENCY GLADSTONE POLICE DEPT.	DATE OF INSPECTION 06/29/2021
LOCATION OF INSTRUMENT (STREET AND CITY) 7010 N HOLMES GLADSTONE		TIME OF INSPECTION 1:18 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

- SIMULATOR SOLUTION COMPRESSED ETHANOL-GAS MIXTURE
- STANDARD SUPPLIER INTOXIMETERS LOT # AG102503 EXP. DATE 01/25/2023
- 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 → 0.100	TEST 2 → 0.099	TEST 3 → 0.099
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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 8170	PRINT NAME CHAD WILDERDYKE
TYPE II PERMIT NUMBER/EXPIRATION DATE 200043 01/07/2022	TELEPHONE NUMBER (816) 407-3737

Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office by mail, fax, or email.

AS III Serial no: 104293
Version no: 532B

TEST RECORD 01587

Temp Date Time 210L

Air Blank:
06/29/21 13:18 .000
Calibration Check:
25 06/29/21 13:18 .100

TEST #1

Subject I.D.
8170
Operator Name I.D.
Wildridge
Location
Gladstone

AS IV Serial no: 104293
Version no: 532B

TEST RECORD 01588

Temp Date Time 210L

Air Blank:
06/29/21 13:21 .000
Calibration Check:
25 06/29/21 13:21 .000

TEST #2

Subject I.D.
8170
Operator Name I.D.
Wildridge
Location
Gladstone

AS IV Serial no: 104293
Version no: 532B

TEST RECORD 01589

Temp Date Time 210L

Air Blank:
06/29/21 13:23 .000
Calibration Check:
25 06/29/21 13:23 .000

TEST #3

Operator Name I.D.
Wildridge
Location
8170
Gladstone

AS 7 Serial no: 104293
Version no: 532B

TEST RECORD 01590

Temp Date Time 210L

Operator Name I.D.
12 06/29/21 13:24

Subject Name

RFR

Subject I.D.

8170

Operator Name

Wildridge

Location

Gladstone