



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 111678	NAME OF AGENCY Henry County Sheriff's Office	DATE OF INSPECTION 11/09/2021
LOCATION OF INSTRUMENT (STREET AND CITY) 200 North Main St, Clinton, Missouri 64735		TIME OF INSPECTION 12:57 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 Guth Labs LOT # 21380 EXP. DATE 09/13/2023

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0 SIM. SN DR5386 SIM. NIST EXP DATE 11/03/2022

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 .098

TEST 2 .098

TEST 3 .097

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
Leonard Kubilus

TYPE II PERMIT NUMBER/EXPIRATION DATE
200260 09/24/2022

TELEPHONE NUMBER
(660) 885-7328

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: 111678
Version no: 532B

TEST RECORD 00010

Temp	Date	Time	g/	210L
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Air Blank:
11/09/21 13:01 .000
Calibration Check:
17 11/09/21 13:01 .098

Subject Name

Check #1

Subject I.D.

N/A

Operator Name, I.D.

Kubilus 200260
Location

200 W Main St

Clinton, MO

AS IV Serial no: 111678
Version no: 532B

TEST RECORD 00011

Temp	Date	Time	g/	210L
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Air Blank:
11/09/21 13:03 .000
Calibration Check:
17 11/09/21 13:03 .098

Subject Name

Check #2

Subject I.D.

N/A

Operator Name, I.D.

Kubilus 200260
Location

200 W Main St

Clinton, MO

AS IV Serial no: 111678
Version no: 532B

TEST RECORD 00012

Temp	Date	Time	g/	210L
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Air Blank:
11/09/21 13:04 .000
Calibration Check:
18 11/09/21 13:04 .097

Subject Name

Check #3

Subject I.D.

N/A

Operator Name, I.D.

Kubilus 200260
Location

200 W Main St

Clinton, MO

AS IV Serial no: 111678
Version no: 532B

TEST RECORD 00013

Temp	Date	Time	g/	210L
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VOID: RFI
12 11/09/21 13:05

Subject Name

RFI

Subject I.D.

N/A

Operator Name, I.D.

Kubilus 200260
Location

200 W Main St

Clinton, MO