



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 111758	NAME OF AGENCY Henry County Sheriff's Office	DATE OF INSPECTION 11/09/2021
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LOCATION OF INSTRUMENT (STREET AND CITY) 200 North Main St, Clinton, Missouri 64735	TIME OF INSPECTION 12:57 am
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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

<input checked="" type="checkbox"/> SIMULATOR SOLUTION	<input type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>Guth Labs</u>	LOT # <u>21380</u> EXP. DATE <u>09/13/2023</u>
<input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) <u>34.0</u>	SIM. SN <u>DR5386</u> SIM. NIST EXP DATE <u>11/03/2022</u>

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 .103
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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 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: 111758
Version no: 532B

TEST RECORD 00229

Temp Date Time ^{s/} 210L

Air Blank:
11/09/21 12:57 .000
Calibration Check:
19 11/09/21 12:57 .105

Subject Name

Check #1

Subject I.D.

N/A

Operator Name, I.D.

Kubilus 200260

Location

Zoo W Main st

Clinton, MO

AS IV Serial no: 111758
Version no: 532B

TEST RECORD 00230

Temp Date Time ^{s/} 210L

Air Blank:
11/09/21 12:58 .000
Calibration Check:
19 11/09/21 12:58 .104

Subject Name

Check #2

Subject I.D.

N/A

Operator Name, I.D.

Kubilus 200260

Location

Zoo W Main st

Clinton, MO

AS IV Serial no: 111758
Version no: 532B

TEST RECORD 00231

Temp Date Time ^{s/} 210L

Air Blank:
11/09/21 12:59 .000
Calibration Check:
20 11/09/21 12:59 .103

Subject Name

Check #3

Subject I.D.

N/A

Operator Name, I.D.

Kubilus 200260

Location

Zoo W Main st

Clinton, MO

AS IV Serial no: 111758
Version no: 532B

TEST RECORD 00232

Temp Date Time ^{s/} 210L

VOID: RFI
12 11/09/21 13:00

Subject Name

RFI

Subject I.D.

N/A

Operator Name, I.D.

Kubilus 200260

Location

Zoo W Main st

Clinton, MO