



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

RECEIVED

By Tracy Crews at 9:34 am, Jan 12, 2022

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	NAME OF AGENCY Jefferson County Sheriff's Office	DATE OF INSPECTION 01/10/2022
LOCATION OF INSTRUMENT (STREET AND CITY) 400 First Street. Hillsboro, MO 63050		TIME OF INSPECTION 6:33 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 # AG109702 EXP. DATE 04/07/2023

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 .099

TEST 2 .100

TEST 3 .100

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).

INSPECTING OFFICER

SIGNATURE

#391

PRINT NAME

Deputy Shawn Loness #391

TYPE II PERMIT NUMBER/EXPIRATION DATE

200300 12/11/2022

TELEPHONE NUMBER

(636) 797-5000

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: 030788
Version no: 532B

TEST RECORD 00479

Temp Date Time ^{g/} 210L

Air Blank:
01/10/22 19:33 .000
Calibration Check:
24 01/10/22 19:33 .099

Subject Name

January 2022

Subject I.D.

MET.

Operator Name, I.D.

Location

TEST #1

AS IV Serial no: 030788
Version no: 532B

TEST RECORD 00480

Temp Date Time ^{g/} 210L

Air Blank:
01/10/22 19:35 .000
Calibration Check:
25 01/10/22 19:35 .100

Subject Name

Subject I.D.

Operator Name, I.D.

Location

TEST #2

AS IV Serial no: 030788
Version no: 532B

TEST RECORD 00481

Temp Date Time ^{g/} 210L

Air Blank:
01/10/22 19:37 .000
Calibration Check:
26 01/10/22 19:37 .100

Subject Name

Subject I.D.

Operator Name, I.D.

Location

TEST #3

AS IV Serial no: 030788
Version no: 532B

TEST RECORD 00482

Temp Date Time ^{g/} 210L

VOID: RFI
12 01/10/22 19:39

Subject Name

Subject I.D.

Operator Name, I.D.

Location

RFI!