



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

RECEIVED

By Tracy Crews at 10:40 am, Jun 01, 2022

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 05/26/2022
LOCATION OF INSTRUMENT (STREET AND CITY) 410 First Street. Hillsboro, MO 63050		TIME OF INSPECTION 8:30 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

<input type="checkbox"/> SIMULATOR SOLUTION	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>Intoximeters</u>	LOT # <u>AG109702</u> EXP. DATE <u>04/07/2023</u>
<input type="checkbox"/> 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 .095	TEST 2 .095	TEST 3 .095
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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 #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 00508

Temp Date Time ^{g/} 210L

Air Blank:
05/26/22 20:30 .000
Calibration Check:
24 05/26/22 20:30 .095

Subject Name

May, 2022 Mast

Subject I.D.

Operator Name, I.D.

Location

TEST #1

AS IV Serial no: 030788
Version no: 532B

TEST RECORD 00509

Temp Date Time ^{g/} 210L

Air Blank:
05/26/22 20:32 .000
Calibration Check:
25 05/26/22 20:32 .095

Subject Name

Subject I.D.

Operator Name, I.D.

Location

TEST #2

AS IV Serial no: 030788
Version no: 532B

TEST RECORD 00510

Temp Date Time ^{g/} 210L

Air Blank:
05/26/22 20:35 .000
Calibration Check:
26 05/26/22 20:35 .095

Subject Name

Subject I.D.

Operator Name, I.D.

Location

TEST #3

AS IV Serial no: 030788
Version no: 532B

TEST RECORD 00511

Temp Date Time ^{g/} 210L

VOID: RFI
12 05/26/22 20:37

Subject Name

Subject I.D.

Operator Name, I.D.

Location

RFI!