



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

**RECEIVED**

By Tracy Crews at 11:13 am, Aug 12, 2022

Complete this report in duplicate at the time of the regular monthly preventative maintenance check. 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 08/10/2022
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LOCATION OF INSTRUMENT (STREET AND CITY) 410 First Street, Hillsboro, MO 63050	TIME OF INSPECTION 7:58 pm
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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 type="checkbox"/> SIMULATOR SOLUTION	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER Intoximeter	LOT # AG109702 EXP. DATE 04/07/2023
<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  .096	TEST 2  .096	TEST 3  .096
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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).

<b>INSPECTING OFFICER</b>	
SIGNATURE	PRINT NAME Deputy Nicholas Gamm 549
TYPE II PERMIT NUMBER / EXPIRATION DATE 220153 / 06/01/2024	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 00529

Temp Date Time <sup>g/</sup> 210L

Air Blank:  
08/10/22 20:03 .000  
Calibration Check:  
24 08/10/22 20:03 .096

Subject Name  
*June Maintenance*

Subject I.D.  
*Gamm 220153*

Operator Name, I.D.  
*JCSO HQ*

Location  
*Test #1*

AS IV Serial no: 030788  
Version no: 532B

TEST RECORD 00530

Temp Date Time <sup>g/</sup> 210L

Air Blank:  
08/10/22 20:08 .000  
Calibration Check:  
24 08/10/22 20:08 .096

Subject Name

Subject I.D.

Operator Name, I.D.

Location

*Test #2*

AS IV Serial no: 030788  
Version no: 532B

TEST RECORD 00531

Temp Date Time <sup>g/</sup> 210L

Air Blank:  
08/10/22 20:11 .000  
Calibration Check:  
25 08/10/22 20:11 .096

Subject Name

Subject I.D.

Operator Name, I.D.

Location

*Test #3*

AS IV Serial no: 030788  
Version no: 532B

TEST RECORD 00532

Temp Date Time <sup>g/</sup> 210L

VOID: RFI  
12 08/10/22 20:14

Subject Name

Subject I.D.

Operator Name, I.D.

Location

*RFI!!!*