



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

RECEIVED
 BY: [Name] DATE: [Date]

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 102461	NAME OF AGENCY Sullivan Police Department	DATE OF INSPECTION 11/13/2022
LOCATION OF INSTRUMENT (STREET AND CITY) 106 Progress Drive Sullivan, MO 63080		TIME OF INSPECTION 7:55 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.

<input checked="" type="checkbox"/> DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)
<input checked="" type="checkbox"/> TEMPERATURE OF ALCO SENSOR (10°C - 40°C)
<input checked="" type="checkbox"/> PRINTER WORKING PROPERLY
<input checked="" type="checkbox"/> 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>SD 3322</u> SIM. NIST EXP DATE <u>01/26/2023</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)

<input checked="" type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE
<input type="checkbox"/> 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE
<input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE

TEST 1 ← .097	TEST 2 ← .098	TEST 3 ← .098
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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	(0-.04)	0	(.05-.09)	0	(.10-.14)	0	(.15-.19)	0	(OVER .19)	1
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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).

Instrument operating within Department of Health specifications.

INSPECTING OFFICER	
SIGNATURE 	PRINT NAME Jason R. Stockton
TYPE II PERMIT NUMBER/EXPIRATION DATE 210112 / 05-18-23	TELEPHONE NUMBER (573) 468-8001

Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office by mail, fax, or email.

Eq#

AS IV Serial no: 102461
Version no: 532B

TEST RECORD 01030

Temp Date Time 210L

Air Blank:
11/13/22 07:57 .060
Calibration Check:
28 11/13/22 07:57 .097

Subject Name

Subject I.D.

Operator Name, I.D.

Location

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AS IV Serial no: 102461
Version no: 532B

TEST RECORD 01031

Temp Date Time 210L

Air Blank:
11/13/22 07:59 .060
Calibration Check:
29 11/13/22 07:59 .098

Subject Name

Subject I.D.

Operator Name, I.D.

Location

##

AS IV Serial no: 102461
Version no: 532B

TEST RECORD 01032

Temp Date Time 210L

Air Blank:
11/13/22 08:00 .060
Calibration Check:
29 11/13/22 08:00 .098

Subject Name

Subject I.D.

Operator Name, I.D.

Location

##

AS IV Serial no: 102461
Version no: 532B

TEST RECORD 01033

Temp Date Time 210L

VOID: RFI
12 11/13/22 08:02

Subject Name

Subject I.D.

Operator Name, I.D.

Location