



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 STATE PUBLIC HEALTH LABORATORY
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 111646	NAME OF AGENCY MARIES COUNTY SHERIFF'S OFFICE	DATE OF INSPECTION 01/07/2022
LOCATION OF INSTRUMENT (STREET AND CITY) 2114TH STREET, VIENNA, 65582		TIME OF INSPECTION 1515

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 # **AG109003** EXP. DATE **31 MAR 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 **.104**

TEST 2 **.104**

TEST 3 **.103**

RFI DETECTOR OPERATING

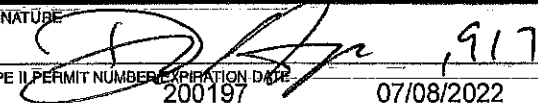
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: (DO NOT INCLUDE SELF-ADMINISTERED TESTS)

REFUSALS 0	(0-.04) 0	(.05-.09) 0	(.10-.14) 0	(.15-.19) 0	(OVER .19) 0
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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).

* MONTHLY MAINT

INSPECTING OFFICER

SIGNATURE 
 TYPE II PERMIT NUMBER EXPIRATION DATE
200197 07/08/2022

PRINT NAME **DALE HARP**
 TELEPHONE NUMBER **573-422-3381**

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: 111646
Version no: 532B

TEST RECORD 00511

Temp Date Time 210L %/

Air Blank: 01/07/22 15:36 .000
Calibration Check: 19 01/07/22 15:36 .104

Subject Name
Test # 1
Subject I.D.

Operator Name: I.D.
D. Kelly 917
Location
MCSO

AS IV Serial no: 111646
Version no: 532B

TEST RECORD 00512

Temp Date Time 210L %/

Air Blank: 01/07/22 15:38 .000
Calibration Check: 20 01/07/22 15:38 .104

Subject Name
Test # 2
Subject I.D.

Operator Name: I.D.
D. Kelly 917
Location
MCSO

AS IV Serial no: 111646
Version no: 532B

TEST RECORD 00513

Temp Date Time 210L %/

Air Blank: 01/07/22 15:41 .000
Calibration Check: 21 01/07/22 15:41 .103

Subject Name
Test # 3
Subject I.D.

Operator Name: I.D.
D. Kelly 917
Location
MCSO

AS IV Serial no: 111646
Version no: 532B

TEST RECORD 00514

Temp Date Time 210L %/

VOID: RTI
12 01/07/22 15:43

Subject Name
RTI Test
Subject I.D.

Operator Name: I.D.
D. Kelly 917
Location
MCSO