



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

RECEIVED

By Tracy Crews at 8:44 am, Apr 26, 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 111676	NAME OF AGENCY Jefferson County Sheriff's Office	DATE OF INSPECTION 04/21/2022
LOCATION OF INSTRUMENT (STREET AND CITY) 400 First Street. Hillsboro, MO 63050		TIME OF INSPECTION 6:03 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 .097 TEST 2 .096 TEST 3 .097

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: 111676
Version no: 532B

TEST RECORD 00226

Temp	Date	Time	s/	210L
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Air Blank:
04/21/22 18:03 .000
Calibration Check:
30 04/21/22 18:03 .097

Subject Name
April, 2022 MAIS
Subject I.D.
LOWESS 200300
Operator Name, I.D.

Location
TEST #1

AS IV Serial no: 111676
Version no: 532B

TEST RECORD 00227

Temp	Date	Time	s/	210L
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Air Blank:
04/21/22 18:05 .000
Calibration Check:
30 04/21/22 18:05 .096

Subject Name
Subject I.D.
Operator Name, I.D.

Location
TEST #2

AS IV Serial no: 111676
Version no: 532B

TEST RECORD 00228

Temp	Date	Time	s/	210L
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Air Blank:
04/21/22 18:07 .000
Calibration Check:
31 04/21/22 18:07 .097

Subject Name
Subject I.D.
Operator Name, I.D.

Location
TEST #3

AS IV Serial no: 111676
Version no: 532B

TEST RECORD 00229

Temp	Date	Time	s/	210L
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VOID: RFI
12 04/21/22 18:08

Subject Name
Subject I.D.
Operator Name, I.D.
Location

RFI!