



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

REPORT #7

RECEIVED

By Tracy Crews at 1:57 pm, Jul 08, 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 111676	NAME OF AGENCY Jefferson County Sheriff's Office	DATE OF INSPECTION 07/06/2022
LOCATION OF INSTRUMENT (STREET AND CITY) 400 First Street, Hillsboro, MO 63050		TIME OF INSPECTION 8:13 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 Intoximeter _____ 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 ➔ .098

TEST 2 ➔ .097

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

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.

ASTV Serial no: 111676
Version no: 532B

TEST RECORD - REPRINT

TEST RECORD 00240

Temp Date Time 9/
210L

Air Blank: 07/06/22 19:57 000

Calibration Check: 27 07/05/22 19:57 008

Subject Name

Subject I.D.

220153/06/01/2024

Operator Name

JeffCo HQ

Location

Test #1

ASTV Serial no: 111676
Version no: 532B

TEST RECORD 00241

Temp Date Time 9/
210L

Air Blank: 07/06/22 20:11 000

Calibration Check: 24 07/05/22 20:11 097

Subject Name

Subject I.D.

Operator Name, I.D.

Location

Test #2

ASTV Serial no: 111676
Version no: 532B

TEST RECORD 00242

Temp Date Time 9/
210L

Air Blank: 07/06/22 20:18 000

Calibration Check: 24 07/05/22 20:18 097

Subject Name

Subject I.D.

Operator Name, I.D.

Location

Test #3

ASTV Serial no: 111676
Version no: 532B

TEST RECORD 00243

Temp Date Time 9/
210L

VOID: RFI
12 07/06/22 20:15

Subject Name

Subject I.D.

Operator Name, I.D.

Location

RFI!!!