



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 111676	NAME OF AGENCY Jefferson County Sheriff's Office	DATE OF INSPECTION 08/10/2022
LOCATION OF INSTRUMENT (STREET AND CITY) 410 First Street, Hillsboro, MO 63050		TIME OF INSPECTION 7:20 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 .097	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)
----------	---------	-----------	-----------	-----------	------------

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.

AS IV Serial no: 111676
Version no: 532B

TEST RECORD 00257

Temp Date Time ^{g/} 210L

Air Blank:
08/10/22 19:06 000
Calibration Check:
29 08/10/22 19:06 097

Subject Name
August Maintenance
Subject I.D.
Gamm 220153
Operator Name, I.D.

Location
JCSO HQ
Test #1

AS IV Serial no: 111676
Version no: 532B

TEST RECORD 00258

Temp Date Time ^{g/} 210L

Air Blank:
08/10/22 19:10 000
Calibration Check:
29 08/10/22 19:10 097

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

Test #2

AS IV Serial no: 111676
Version no: 532B

TEST RECORD 00259

Temp Date Time ^{g/} 210L

Air Blank:
08/10/22 19:12 000
Calibration Check:
29 08/10/22 19:12 097

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

Test #3

AS IV Serial no: 111676
Version no: 532B

TEST RECORD 00260

Temp Date Time ^{g/} 210L

VOID: RFI
12 08/10/22 19:15

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

RFI-11