



**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 111764	NAME OF AGENCY MARIES COUNTY SHERIFF'S OFFICE	DATE OF INSPECTION 01/06/2022
LOCATION OF INSTRUMENT (STREET AND CITY) 2114TH STREET, VIENNA, 65582		TIME OF INSPECTION 1415

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 ← .101	TEST 2 ← .101	TEST 3 ← .101
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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)	1	(.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 <i>Dale M Harp</i> 917	PRINT NAME DALE HARP
TYPE II PERMIT NUMBER/EXPIRATION DATE 200197 07/08/2022	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: 111764
Version no: 532B

TEST RECORD: 00590

Temp Date Time 210L
s/

Air Blank:

01/06/22 14:36 .000

Calibration Check:

22 01/06/22 14:36 .101

Subject Name

Test # 1

Subject I.D.

Operator Name, I.D.

Dunlop 917

Location

MCSO

AS IV Serial no: 111764
Version no: 532B

TEST RECORD: 00591

Temp Date Time 210L
s/

Air Blank:

01/06/22 14:38 .000

Calibration Check:

23 01/06/22 14:38 .101

Subject Name

Test # 2

Subject I.D.

Operator Name, I.D.

Dunlop 917

Location

MCSO

AS IV Serial no: 111764
Version no: 532B

TEST RECORD: 00592

Temp Date Time 210L
s/

Air Blank:

01/06/22 14:40 .000

Calibration Check:

23 01/06/22 14:40 .101

Subject Name

Test # 3

Subject I.D.

Operator Name, I.D.

Dunlop 917

Location

MCSO

AS IV Serial no: 111764
Version no: 532B

TEST RECORD: 00593

Temp Date Time 210L
s/

VOID: RFI

12 01/06/22 14:41

Subject Name

RFI Test

Subject I.D.

Operator Name, I.D.

Dunlop 917

Location

MCSO