



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

RECEIVED
 By Tracy Crews at 8:32 am, Oct 18, 2024

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 030800	NAME OF AGENCY Jefferson County Sheriff's Office	DATE OF INSPECTION 08/29/2024
LOCATION OF INSTRUMENT (STREET AND CITY) 400 First St. Hillsboro, MO 63050		TIME OF INSPECTION 1915

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 # AG305902 EXP. DATE 02/28/2025

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 ← **.096**

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
Zachary Reed #810

TYPE II PERMIT NUMBER/EXPIRATION DATE
230236 10/31/2025

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.

ASTM Serial no: 030800
Version no: 532B

TEST RECORD 00347

Temp Date Time 21°C 9/

Air Blank: 08/29/24 19:15 000
Calibration Check: 40 08/29/24 19:15 000

Subject Name

Test 1
Subject I.D.

Operator Name I.D.

2Real 230236
Location

ASTM Serial no: 030800
Version no: 532B

TEST RECORD 00348

Temp Date Time 21°C 9/

Air Blank: 08/29/24 19:17 000
Calibration Check: 39 08/29/24 19:17 000

Subject Name

Test 2
Subject I.D.

Operator Name I.D.

2Real 230236
Location

ASTM Serial no: 030800
Version no: 532B

TEST RECORD 00349

Temp Date Time 21°C 9/

Air Blank: 08/29/24 19:19 000
Calibration Check: 39 08/29/24 19:19 000

Subject Name

Test 3
Subject I.D.

Operator Name I.D.

2Real 230236
Location

ASTM Serial no: 030800
Version no: 532B

TEST RECORD 00350

Temp Date Time 21°C 9/

VOID REF
12 08/29/24 19:21

Subject Name

Test 4 REF
Subject I.D.

Operator Name I.D.

2Real 230236
Location

