



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 6:56 am, Dec 31, 2024

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 030800	NAME OF AGENCY Jefferson County Sheriff's Office	DATE OF INSPECTION 11/06/2024
LOCATION OF INSTRUMENT (STREET AND CITY) 410 First Street, Hillsboro, MO 63050		TIME OF INSPECTION 8:25 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 # 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 • .105

TEST 2 • .104

TEST 3 • .103

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.

AS IV Serial no: 030800
Version no: 532B

TEST RECORD 00357

Temp	Date	Time	g/ 21OL
Air Blank:			
	11/06/24	21:22	.000
Calibration Check:			
	19 11/06/24	21:22	.105

Subject Name
Nov Maintenance
Subject I.D.
Gamm 240104
Operator Name, I.D.

Location
JCSO HQ
Test #1

AS IV Serial no: 030800
Version no: 532B

TEST RECORD 00358

Temp	Date	Time	g/ 21OL
Air Blank:			
	11/06/24	21:26	.000
Calibration Check:			
	20 11/06/24	21:26	.104

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

Location
Test #2

AS IV Serial no: 030800
Version no: 532B

TEST RECORD 00359

Temp	Date	Time	g/ 21OL
Air Blank:			
	11/06/24	21:29	.000
Calibration Check:			
	21 11/06/24	21:29	.103

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

Location
Test #3

AS IV Serial no: 030800
Version no: 532B

TEST RECORD 00360

Temp	Date	Time	g/ 21OL
VOID: RFI			
	12 11/06/24	21:30	

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

RFI !!!