



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

**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 of instrument.  
 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 12/2/2024
LOCATION OF INSTRUMENT (STREET AND CITY) 400 First St. Hillsboro, MO 63050		TIME OF INSPECTION 2121

**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**

<input type="checkbox"/> SIMULATOR SOLUTION	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>Intoximeters</u>	LOT # <u>AG305902</u> EXP. DATE <u>02/28/2025</u>
<input type="checkbox"/> 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 ➔ <b>.104</b>	TEST 2 ➔ <b>.103</b>	TEST 3 ➔ <b>.101</b>
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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-.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).

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**INSPECTING OFFICER**

SIGNATURE 	PRINT NAME <b>Zachary Reed #810</b>
TYPE II PERMIT NUMBER/EXPIRATION DATE <b>230236 10/31/2025</b>	TELEPHONE NUMBER <b>(636 ) 797-5000</b>

**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 00365

Temp Date Time 21<sup>9</sup>/OL

Air Blank:  
12/02/24 21:21 .000  
Calibration Check:  
24 12/02/24 21:21 .104

Subject Name

Test 1  
Subject I.D.

Operator Name, I.D.

Reed 230236  
Location

AS IV Serial no: 030800  
Version no: 532B

TEST RECORD 00366

Temp Date Time 21<sup>9</sup>/OL

Air Blank:  
12/02/24 21:23 .000  
Calibration Check:  
25 12/02/24 21:23 .103

Subject Name

Test 2  
Subject I.D.

Operator Name, I.D.

Reed 230236  
Location

AS IV Serial no: 030800  
Version no: 532B

TEST RECORD 00367

Temp Date Time 21<sup>9</sup>/OL

Air Blank:  
12/02/24 21:26 .000  
Calibration Check:  
26 12/02/24 21:26 .102

Subject Name

Test 3  
Subject I.D.

Operator Name, I.D.

Reed 230236  
Location

AS IV Serial no: 030800  
Version no: 532B

TEST RECORD 00368

Temp Date Time 21<sup>9</sup>/OL

VOID: RFI  
12 12/02/24 21:27

Subject Name

Test 4 RFA!  
Subject I.D.

Operator Name, I.D.

Reed 230236  
Location

