



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

RECEIVED

REPORT #7

By Tracy Crews at 6:57 am, Dec 31, 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 030807	NAME OF AGENCY Jefferson County Sheriff's Office	DATE OF INSPECTION 11/01/2024
LOCATION OF INSTRUMENT (STREET AND CITY) 400 First St. Hillsboro, MO 63050		TIME OF INSPECTION 0105

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 ← .098	TEST 2 ← .097	TEST 3 ← .096
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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).

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.

AS IV Serial no: 030807
Version no: 532B

TEST RECORD 00410

Temp Date Time 210L ^{g/}

Air Blank:
11/01/24 01:08 .000
Calibration Check:
22 11/01/24 01:08 .097

Subject Name
TEST 2

Subject I.D.

Operator Name, I.D.

Creed 230236
Location

AS IV Serial no: 030807
Version no: 532B

TEST RECORD 00409

Temp Date Time 210L ^{g/}

Air Blank:
11/01/24 01:05 .000
Calibration Check:
21 11/01/24 01:05 .098

Subject Name
TEST 1

Subject I.D.

Operator Name, I.D.

Creed 230236
Location

AS IV Serial no: 030807
Version no: 532B

TEST RECORD 00411

Temp Date Time 210L ^{g/}

Air Blank:
11/01/24 01:10 .000
Calibration Check:
24 11/01/24 01:10 .096

Subject Name
TEST 3

Subject I.D.

Operator Name, I.D.

Creed 230236
Location

AS IV Serial no: 030807
Version no: 532B

TEST RECORD 00412

Temp Date Time 210L ^{g/}

VOID: RFI
12 11/01/24 01:12

Subject Name
TEST 4 RFI

Subject I.D.

Operator Name, I.D.

Creed 230236
Location

