

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 099366	NAME OF AGENCY Pagedale Police Department	DATE OF INSPECTION 12/05/2024
LOCATION OF INSTRUMENT (STREET AND CITY) 1420 Ferguson Avenue Pagedale MO 63133		TIME OF INSPECTION 7:22 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 Intoximeters LOT # AG31502 EXP. DATE 06/01/2025
- 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 $\Rightarrow$ .102	TEST 2 $\Rightarrow$ .103	TEST 3 $\Rightarrow$ .102
---------------------------	---------------------------	---------------------------

- 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)	0	(.15-.19)	0	(OVER .19)	0
----------	---	---------	---	-----------	---	-----------	---	-----------	---	------------	---

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).

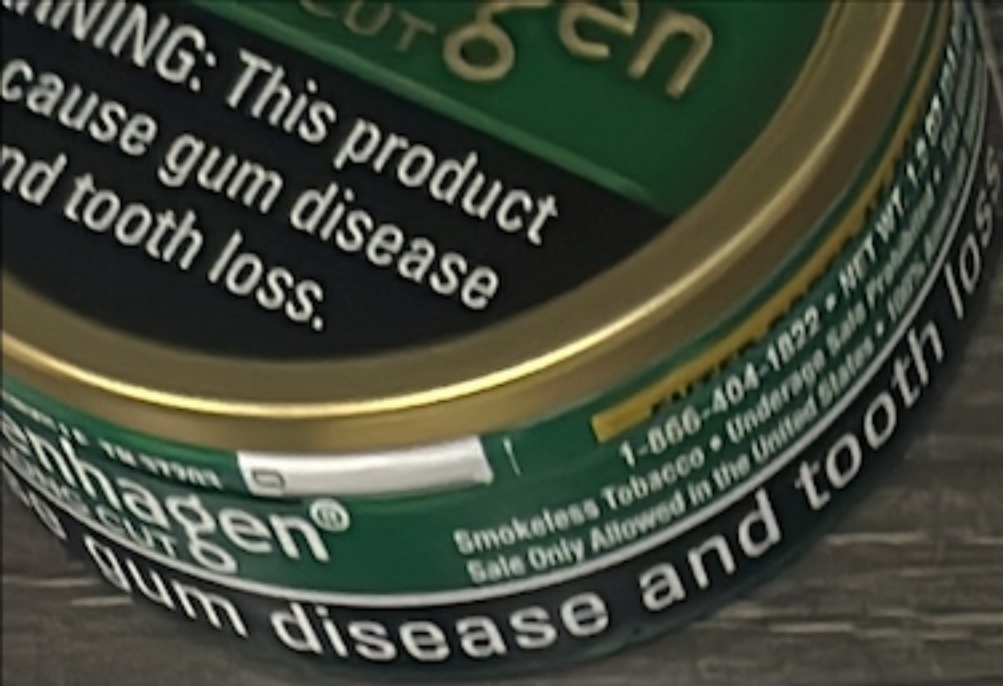
Calibration Check

RECEIVED  
 By Tracy Crews at 8:32 am, Dec 09, 2024

INSPECTING OFFICER SIGNATURE 	PRINT NAME Shannon E. Gregory
TYPE & PERMIT NUMBER/EXPIRATION DATE 240004/01/08/2026	TELEPHONE NUMBER (314) 448-6635

Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office by mail, fax, or email.

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER  
 services provided on a nondiscriminatory basis



AS IV Serial no: 099366  
Version no: 532B

TEST RECORD 00457

Temp	Date	Time	s/210L
------	------	------	--------

Air Blank:  
12/05/24 19:22 .000  
Calibration Check:  
24 12/05/24 19:22 .102

Subject Name

Subject I.D.

Operator Name, I.D.

Location

*Cal Check*

AS IV Serial no: 099366  
Version no: 532B

TEST RECORD 00458

Temp	Date	Time	s/210L
------	------	------	--------

Air Blank:  
12/05/24 19:23 .000  
Calibration Check:  
24 12/05/24 19:23 .103

Subject Name

Subject I.D.

Operator Name, I.D.

Location

*Cal Check*

AS IV Serial no: 099366  
Version no: 532B

TEST RECORD 00459

Temp	Date	Time	s/210L
------	------	------	--------

Air Blank:  
12/05/24 19:26 .000  
Calibration Check:  
25 12/05/24 19:26 .102

Subject Name

Subject I.D.

Operator Name, I.D.

Location

*Cal Check*

AS IV Serial no: 099366  
Version no: 532B

TEST RECORD 00460

Temp	Date	Time	s/210L
------	------	------	--------

VOID: RFI  
12 12/05/24 19:28

Subject Name

Subject I.D.

Operator Name, I.D.

Location

*Cal Check*