



**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 111668	NAME OF AGENCY BUCHANAN COUNTY SHERIFFS OFFICE	DATE OF INSPECTION 09/03/2024
LOCATION OF INSTRUMENT (STREET AND CITY) 501 FARAON STREET SAINT JOSEPH, MO 64501		TIME OF INSPECTION 3:05 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 # AG311007 EXP. DATE 12/20/2024
- 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 ← .104	TEST 2 ← .104	TEST 3 ← .103
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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	(0-.04)	0	(.05-.09)	0	(.10-.14)	0	(.15-.19)	0	(OVER .19)	0
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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 <i>Deputy Josh Rudisill</i>	PRINT NAME DEPUTY JOSH RUDISILL
TYPE II PERMIT NUMBER/EXPIRATION DATE 230122 06/07/2025	TELEPHONE NUMBER (816) 236-8880

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

# MONTHLY MAINTENANCE REPORT ASIV-W/PRINTER

AS IV Serial no: 111668  
Version no: 532B

TEST RECORD 00092 s/  
Temp Date Time 210L  
Air Blank: 09/03/24 13:51 .000  
Subject Test: Man 20 09/03/24 13:51 .104

Subject Name  
Rudisill Josh  
Subject I.D.  
548  
Operator Name, I.D.  
Rudisill 230122  
Location  
501 Farnon ST

St. Joseph, mo 64501

AS IV Serial no: 111668  
Version no: 532B

TEST RECORD 00093 s/  
Temp Date Time 210L  
Air Blank: 09/03/24 15:53 .000  
Subject Test: Man 21 09/03/24 15:53 .104

Subject Name  
Rudisill Josh  
Subject I.D.  
548  
Operator Name, I.D.  
Rudisill 230122  
Location  
501 Farnon ST

St. Joseph mo 64501

AS IV Serial no: 111668  
Version no: 532B

TEST RECORD 00094 s/  
Temp Date Time 210L  
Air Blank: 09/03/24 15:54 .000  
Subject Test: Man 22 09/03/24 15:54 .103

Subject Name  
Rudisill Josh  
Subject I.D.  
548  
Operator Name, I.D.  
Rudisill 230122  
Location  
501 Farnon ST

St. Joseph mo 64501

AS IV Serial no: 111668  
Version no: 532B

TEST RECORD 00095 s/  
Temp Date Time 210L  
VOID: RFI 12 09/03/24 15:56

Subject Name  
Rudisill Josh  
Subject I.D.  
548  
Operator Name, I.D.  
Rudisill 230122  
Location  
501 Farnon ST

St. Joseph mo 64501