



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 10/08/2024
LOCATION OF INSTRUMENT (STREET AND CITY) 501 FARAON STREET SAINT JOSEPH, MO 64501		TIME OF INSPECTION 11:05 am

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 .101	TEST 2 .101	TEST 3 .101
--------------	--------------	--------------

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).

0

INSPECTING OFFICER

SIGNATURE 	PRINT NAME DEPUTY JOSH RUDISILL
TYPE II PERMIT NUMBER/EXPIRATION DATE 230122 06/07/25	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

<p>AS IV Serial no: 111668 Version no: 532B</p> <p>TEST RECORD 00102 s/</p> <p>Temp Date Time 210L</p> <p>Air Blank: 10/08/24 11:57 .000 Subject Test: Man 24 10/08/24 11:57 .101</p> <p>Subject Name <u>Josh Ruvoise</u> Subject I.D. <u>548</u> Operator Name, I.D. <u>230122 - Ruvoise</u> Location <u>501 FARMAN ST</u> <u>St Joseph mo 64501</u></p>	<p>AS IV Serial no: 111668 Version no: 532B</p> <p>TEST RECORD 00103 s/</p> <p>Temp Date Time 210L</p> <p>Air Blank: 10/08/24 11:58 .000 Subject Test: Man 24 10/08/24 11:58 .101</p> <p>Subject Name <u>Josh Ruvoise</u> Subject I.D. <u>548</u> Operator Name, I.D. <u>230122 - Ruvoise</u> Location <u>501 FARMAN ST</u> <u>St. Joseph, mo 64501</u></p>	<p>AS IV Serial no: 111668 Version no: 532B</p> <p>TEST RECORD 00104 s/</p> <p>Temp Date Time 210L</p> <p>Air Blank: 10/08/24 12:00 .000 Subject Test: Man 25 10/08/24 12:00 .101</p> <p>Subject Name <u>Josh Ruvoise</u> Subject I.D. <u>548</u> Operator Name, I.D. <u>230122 - Ruvoise</u> Location <u>501 FARMAN ST</u> <u>St. Joseph, mo 64501</u></p>	<p>AS IV Serial no: 111668 Version no: 532B</p> <p>TEST RECORD 00105 s/</p> <p>Temp Date Time 210L</p> <p>VOID: REI 12 10/08/24 12:02</p> <p>Subject Name <u>Josh Ruvoise</u> Subject I.D. <u>548</u> Operator Name, I.D. <u>230122 - Ruvoise</u> Location <u>501 FARMAN ST</u> <u>ST Joseph, mo 64501</u></p>
---	---	---	--