



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

REPORT #

**RECEIVED**

By Tracy Crews at 7:14 am, Dec 31, 2024

Complete this report in duplicate at the time of the regular monthly preventative maintenance check. Send copy to Department of Health and Senior Services; retain original in department file.

ALCO SENSOR IV SN 111676	NAME OF AGENCY Jefferson County Sheriff's Office	DATE OF INSPECTION 11/06/2024
LOCATION OF INSTRUMENT (STREET AND CITY) 410 First Street, Hillsboro, MO 63050		TIME OF INSPECTION 8:25 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 Intoximeter LOT # AG305902 EXP. DATE 02/28/2025
- 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 • .100	TEST 2 • .098	TEST 3 • .098
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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 Deputy Nicholas Gamm 549
TYPE II PERMIT NUMBER/EXPIRATION DATE 220153 / 06/01/2024	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: 111676  
Version no: 532B

TEST RECORD 00505

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

Air Blank:  
11/06/24 21:40 .000  
Calibration Check:  
19 11/06/24 21:40 .100

Subject Name  
Nov Maintenance  
Subject I.D.

Gamm 240104  
Operator Name, I.D.

JCSO HQ  
Location

Test #1

AS IV Serial no: 111676  
Version no: 532B

TEST RECORD 00506

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

Air Blank:  
11/06/24 21:45 .000  
Calibration Check:  
21 11/06/24 21:45 .098

Subject Name

Subject I.D.

Operator Name, I.D.

Location

Test #2

AS IV Serial no: 111676  
Version no: 532B

TEST RECORD 00507

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

Air Blank:  
11/06/24 21:46 .000  
Calibration Check:  
21 11/06/24 21:46 .098

Subject Name

Subject I.D.

Operator Name, I.D.

Location

Test #3

AS IV Serial no: 111676  
Version no: 532B

TEST RECORD 00508

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

VOID: RFI  
12 11/06/24 21:48

Subject Name

Subject I.D.

Operator Name, I.D.

Location

RFI!!!