



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

RECEIVED  
 By Tracy Crews at 7:50 am, Dec 18, 2024

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 119732	NAME OF AGENCY North County Police Cooperative	DATE OF INSPECTION 12/13/2024
LOCATION OF INSTRUMENT (STREET AND CITY) 8027 Page Avenue St. Louis MO 63130		TIME OF INSPECTION 5:46 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 # AG315202 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 0.104

TEST 2 0.104

TEST 3 0.103

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).

Monthly Check

**INSPECTING OFFICER**

SIGNATURE ▶	PRINT NAME Shannon Gregory
TYPE II 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.

AS IV Serial no: 119732  
Version no: 532C

TEST RECORD 00207

Temp Date Time 21<sup>9</sup>/OL

Air Blank: 12/13/24 17:46 .000

Calibration Check: 19 12/13/24 17:46 .104

Subject Name

Subject I.D.

Operator Name, I.D.

Location

*Cal Check*

AS IV Serial no: 119732  
Version no: 532C

TEST RECORD 00208

Temp Date Time 21<sup>9</sup>/OL

Air Blank: 12/13/24 17:47 .000

Calibration Check: 19 12/13/24 17:47 .104

Subject Name

Subject I.D.

Operator Name, I.D.

Location

*Cal Check*

AS IV Serial no: 119732  
Version no: 532C

TEST RECORD 00209

Temp Date Time 21<sup>9</sup>/OL

Air Blank: 12/13/24 17:49 .000

Calibration Check: 20 12/13/24 17:49 .103

Subject Name

Subject I.D.

Operator Name, I.D.

Location

*Cal Check*

AS IV Serial no: 119732  
Version no: 532C

TEST RECORD 00210

Temp Date Time 21<sup>9</sup>/OL

VOID: RFI  
12 12/13/24 17:54

Subject Name

Subject I.D.

Operator Name, I.D.

Location

*Cal Check*