



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 120495	NAME OF AGENCY Taney County Sheriff Office	DATE OF INSPECTION 07/10/2024
LOCATION OF INSTRUMENT (STREET AND CITY) 266 Main St Forsyth		TIME OF INSPECTION 1732

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 # AG407606 EXP. DATE 03/16/2026

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 ← 0.096

TEST 2 ← 0.096

TEST 3 ← 0.095

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) 1	(.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 Mark Shinn #127
TYPE II PERMIT NUMBER/EXPIRATION DATE Permit Number 240126, Expiration 05/29/2026	TELEPHONE NUMBER (417) 546-7200

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: 120495
Version no: 532C

TEST RECORD 00036

Temp Date Time ^{g/} 210L

Air Blank:
07/10/24 17:24 .000
Calibration Check:
30 07/10/24 17:24 .096

Subject Name
Test

Subject I.D.
Test 1

Operator Name, I.D.
Shinn 240126

Location
266 main st

forsoyth

AS IV Serial no: 120495
Version no: 532C

TEST RECORD 00037

Temp Date Time ^{g/} 210L

Air Blank:
07/10/24 17:26 .000
Calibration Check:
30 07/10/24 17:26 .096

Subject Name
Test

Subject I.D.
Test 2

Operator Name, I.D.
Shinn 240126

Location
266 main st

forsoyth

AS IV Serial no: 120495
Version no: 532C

TEST RECORD 00038

Temp Date Time ^{g/} 210L

Air Blank:
07/10/24 17:28 .000
Calibration Check:
30 07/10/24 17:28 .095

Subject Name
Test

Subject I.D.
Test 4

Operator Name, I.D.
Shinn 240126

Location
266 main st

forsoyth

AS IV Serial no: 120495
Version no: 532C

TEST RECORD 00039

Temp Date Time ^{g/} 210L

VOID: RFI
12 07/10/24 17:32

Subject Name
Test RFI

Subject I.D.
Test RFI

Operator Name, I.D.
Shinn 240126

Location
266 main st

forsoyth