



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 120503	NAME OF AGENCY Jefferson County Sheriff's Office	DATE OF INSPECTION 7/31/2024
LOCATION OF INSTRUMENT (STREET AND CITY) 400 First St. Hillsboro, MO 63050		TIME OF INSPECTION 1723

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

<input type="checkbox"/> SIMULATOR SOLUTION	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>Intoximeters</u>	LOT # <u>AG305902</u> EXP. DATE <u>02/28/2025</u>
<input type="checkbox"/> 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 ← .097	TEST 2 ← .097	TEST 3 ← .096
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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 <i>Zachary Reed #810</i>	PRINT NAME Zachary Reed #810
TYPE II PERMIT NUMBER/EXPIRATION DATE 230236 10/31/2025	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: 120503
Version no: 532C

TEST RECORD 00008

Temp Date Time ^{g/}210L

Air Blank:
07/31/24 17:23 .000
Calibration Check:
21 07/31/24 17:23 .097

Subject Name

Test 1

Subject I.D.

Operator Name, I.D.

Z Reed 230236

Location

AS IV Serial no: 120503
Version no: 532C

TEST RECORD 00009

Temp Date Time ^{g/}210L

Air Blank:
07/31/24 17:25 .000
Calibration Check:
22 07/31/24 17:25 .097

Subject Name

Test 2

Subject I.D.

Operator Name, I.D.

Z Reed 230236

Location

AS IV Serial no: 120503
Version no: 532C

TEST RECORD 00010

Temp Date Time ^{g/}210L

Air Blank:
07/31/24 17:28 .000
Calibration Check:
23 07/31/24 17:28 .096

Subject Name

Test 3

Subject I.D.

Operator Name, I.D.

Z Reed 230236

Location

AS IV Serial no: 120503
Version no: 532C

TEST RECORD 00011

Temp Date Time ^{g/}210L

VOID: RFI
12 07/31/24 17:30

Subject Name

Test 4 RFI!

Subject I.D.

Operator Name, I.D.

Z Reed 230236

Location

