



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

REPORT #7

**RECEIVED**  
 By Tracy Crews at 7:15 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 120503	NAME OF AGENCY Jefferson County Sheriff's Office	DATE OF INSPECTION 12/2/2024
LOCATION OF INSTRUMENT (STREET AND CITY) 400 First St. Hillsboro, MO 63050		TIME OF INSPECTION 2058

**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 ➔ <b>.101</b>	TEST 2 ➔ <b>.100</b>	TEST 3 ➔ <b>.099</b>
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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).

<b>INSPECTING OFFICER</b>	
SIGNATURE <i>Zachary Reed #810</i>	PRINT NAME <b>Zachary Reed #810</b>
TYPE II PERMIT NUMBER/EXPIRATION DATE <b>230236 10/31/2025</b>	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 00051

Temp Date Time <sup>g/</sup>210L

Air Blank:  
12/02/24 20:58 .000  
Calibration Check:  
18 12/02/24 20:58 .101

Subject Name

Test 1

Subject I.D.

Operator Name, I.D.

Reed 230236

Location

AS IV Serial no: 120503  
Version no: 532C

TEST RECORD 00052

Temp Date Time <sup>g/</sup>210L

Air Blank:  
12/02/24 21:00 .000  
Calibration Check:  
19 12/02/24 21:00 .100

Subject Name

Test 2

Subject I.D.

Operator Name, I.D.

Reed 230236

Location

AS IV Serial no: 120503  
Version no: 532C

TEST RECORD 00053

Temp Date Time <sup>g/</sup>210L

Air Blank:  
12/02/24 21:02 .000  
Calibration Check:  
21 12/02/24 21:02 .099

Subject Name

Test 3

Subject I.D.

Operator Name, I.D.

Reed 230236

Location

AS IV Serial no: 120503  
Version no: 532C

TEST RECORD 00054

Temp Date Time <sup>g/</sup>210L

VOID: RFI  
12 12/02/24 21:03

Subject Name

Test 4 RFI!

Subject I.D.

Operator Name, I.D.

Reed 230236

Location

