



RECEIVED

By Brianna Medrano at 9:52 am, Apr 28, 2023

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT

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 111632	NAME OF AGENCY Missouri State Highway Patrol	DATE OF INSPECTION 04/27/2023
LOCATION OF INSTRUMENT (STREET AND CITY) 34 Carter 104		TIME OF INSPECTION 8:06 am

CHECKLIST: Place a mark in the box by each item if found to be satisfactory or if operating within established limits. (Write in observed value 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 **RepCo Marketing Inc.** LOT # **21001** EXP. DATE **04/27/2023**

SIMULATOR TEMPERATURE (34°C ± 0.2°C) **34.03** SIM. SN **MP2473** SIM. NIST EXP DATE **02/12/2024**

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 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 **.102**

TEST 2 **.101**

TEST 3 **.102**

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	2	(0-.04)	(.05-.09)	(.10-.14)	(.15-.19)	(OVER .19)
----------	----------	---------	-----------	-----------	-----------	------------

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).

New ink strip in printer.

INSPECTING OFFICER

SIGNATURE 	PRINT NAME Zachary L. Ricker
TYPE II PERMIT NUMBER/EXPIRATION DATE 220251 10/21/2024	TELEPHONE NUMBER (417) 469-3121

Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office by mail, fax, or email.