

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 030792	NAME OF AGENCY Missouri State Hig		DATE OF INSPECTION 01/02/2024				
LOCATION OF INSTRUMENT (STREET AND CITY) 5268 Flat River Road, Park Hills, MO 63601		TIME OF INSPECTION 1:59 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 Guth Laboratories, Inc. LOT # 23180 EXP. DATE 05/17/2025							
☑ SIMULATOR TEMPERATURE (34°C ± 0.2°C	°C) 33.98 SIM. SN MP2460 SIM. NIST EXP DATE 01/24/202				024		
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 .101	TEST 2 .101		TEST 3 ▼ .100				
☑ 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 (004) 0 (.	.0509) 0	(.1014) 0	(.1519)	0	(OVER .19)	0	
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). Reassigned to Trooper Z.L.Ricker Badge #445							
INSPECTING OFFICER					1.3		
SIGNATURE	NATURE			Zachary L. Ricker			
YPE II PERMIT NUMBER/EXPIRATION DATE 230304 12/11/2025			TELEPHONE NUMBER (636) 300-3800				
Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office							

AS IV Serial no: 030792 Version no: 532B

TEST RECORD - REPRINT

TEST RECORD 00364

Temp Date Time 210L Air Blank: 01/02/24 13:59 .000 Calibration Check: 20 01/02/24 13:59 .101

Subject Name

Maint Subject I.D.

Operator Name, I.D.

2.L. Ricker 230304

Location

5268 Flat River Rd.

ParkHills, MO 63601

AS IV Serial no: 030792 Version no: 532B

TEST RECORD 00365

Temp Date Time 210L

Air Blank: 01/02/24 14:02 .000 Calibration Check: 21 01/02/24 14:02 .101

Subject Name

Mainh Subject I.D.

Operator Name, I.D.

Z.L. Ricker 230304 Location 5268 Flat River Ro

ParkHills, Mo 63601

AS IV Serial no: 030792 Version no: 532B

TEST RECORD 00366

Temp Date Time 210L

01/02/24 14:04 .000 Calibration Check: 22 01/02/24 14:04 .100

Subject Name

Maint

Subject I.D.

Operator Name, I.D.

Z.L. Ricker 230304

5868 Flat River Rd

Park Hills, MO 63601

AS IU Serial no: 030792
Uersion no: 532B

TEST RECORD 00367

Temp Date Time 210L

UOID: RFI
12 01/02/24 14:06

Subject Name

Maint

Subject I.D.

Operator Name, I.D.

Z.L. Ricker 230304

Location

5268 Flat River Rd

Fark Halls Mo 63601