



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 087968	NAME OF AGENCY MISSOURI STATE PARK RANGERS	DATE OF INSPECTION 08/11/2022
LOCATION OF INSTRUMENT (STREET AND CITY) LAKE OF THE OZARKS STATE PARK KAISER MO		TIME OF INSPECTION 11:56 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 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 LABRATORY LOT # 21190 EXP. DATE 06/08/2023

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 33.99 SIM. SN MP4945 SIM. NIST EXP DATE 07/22/2022

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 ➡ 0.103

TEST 2 ➡ 0.103

TEST 3 ➡ 0.102

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	(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

PRINT NAME

ELEANORE FERREL

TYPE II PERMIT NUMBER/EXPIRATION DATE

210156 08/04/2023

TELEPHONE NUMBER

(417) 204-2067

**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: 087968  
Version no: 532B

TEST RECORD 00254 <sup>g/</sup>

Temp Date Time 210L

VOID: RFI  
12 08/11/22 12:08

Subject Name

RADIO 1

Subject I.D.

RADIO 2

Operator Name, I.D.

FERREL ZIGISLO

Location

LOSP KAISER

AS IV Serial no: 087968  
Version no: 532B

TEST RECORD 00251 <sup>g/</sup>

Temp Date Time 210L

Air Blank:  
08/11/22 12:03 .000  
Calibration Check:  
21 08/11/22 12:03 .103

Subject Name

TEST 1

Subject I.D.

TEST 1

Operator Name, I.D.

FERREL ZIGISLO

Location

LOSP KAISER

AS IV Serial no: 087968  
Version no: 532B

TEST RECORD 00252 <sup>g/</sup>

Temp Date Time 210L

Air Blank:  
08/11/22 12:05 .000  
Calibration Check:  
21 08/11/22 12:05 .103

Subject Name

TEST 2

Subject I.D.

TEST 2

Operator Name, I.D.

FERREL ZIGISLO

Location

LOSP KAISER

AS IV Serial no: 087968  
Version no: 532B

TEST RECORD 00253 <sup>g/</sup>

Temp Date Time 210L

Air Blank:  
08/11/22 12:07 .000  
Calibration Check:  
22 08/11/22 12:07 .102

Subject Name

TEST 3

Subject I.D.

TEST 3

Operator Name, I.D.

FERREL ZIGISLO

Location

LOSP KAISER