



**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 105447	NAME OF AGENCY MISSOURI STATE HIGHWAY PATROL	DATE OF INSPECTION 06/16/2022
LOCATION OF INSTRUMENT (STREET AND CITY) MSHP CUBA ZONE OFFICE		TIME OF INSPECTION 11:21 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 REPCO MARKETING CO. LOT # 20001 EXP. DATE 10/07/2022

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.01 SIM. SN MP2513 SIM. NIST EXP DATE 12/27/2022

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 ← .103

TEST 2 ← .102

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	0	(0-.04)	0	(.05-.09)	0	(.10-.14)	0	(.15-.19)	0	(OVER .19)	0
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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>Joseph T. Peart</i>	PRINT NAME JOSEPH T. PEART
TYPE II PERMIT NUMBER/EXPIRATION DATE 210037/ 02-25-2023	TELEPHONE NUMBER (573) 368-2345

**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: 105447  
Version no: 532B

TEST RECORD 01051 a/

Temp Date Time 210L  
Air Blank: 06/16/22 11:28 .000  
Subject Test: Auto  
24 06/16/22 11:28 .103

Subject Name

TEST #1

Subject I.D.

Operator Name, I.D.

922

Location

MAINTENANCE

AS IV Serial no: 105447  
Version no: 532B

TEST RECORD 01052 a/

Temp Date Time 210L  
Air Blank: 06/16/22 11:30 .000  
Subject Test: Auto  
24 06/16/22 11:30 .102

Subject Name

TEST #2

Subject I.D.

Operator Name, I.D.

922

Location

MAINTENANCE

AS IV Serial no: 105447  
Version no: 532B

TEST RECORD 01053 a/

Temp Date Time 210L  
Air Blank: 06/16/22 11:32 .000  
Subject Test: Auto  
25 06/16/22 11:32 .102

Subject Name

TEST #3

Subject I.D.

Operator Name, I.D.

922

Location

MAINTENANCE