



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

RECEIVED
 By Tracy Crews at 7:33 am, Sep 06, 2022

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 111749	NAME OF AGENCY Missouri State Highway Patrol	DATE OF INSPECTION 09/02/2022
LOCATION OF INSTRUMENT (STREET AND CITY) Weigh Station A-3 West, Mayview, MO		TIME OF INSPECTION 3:02 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 REPCO MARKETING CO LOT # 21001 EXP. DATE 06/16/2023
- SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.00 SIM. SN MP2327 SIM. NIST EXP DATE 12/29/2022
- 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 \blackleftarrow .102	TEST 2 \blackleftarrow .102	TEST 3 \blackleftarrow .102
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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).

INSPECTING OFFICER	
SIGNATURE <i>Nicholas Perez</i> #1426	PRINT NAME Nicholas Perez
TYPE II PERMIT NUMBER/EXPIRATION DATE 220137 05/11/2024	TELEPHONE NUMBER (816) 622-0800

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: 111749
Version no: 532B

TEST RECORD 00800 s/

Temp Date Time 210L

VOID: RFI
12 09/02/22 15:08

Subject Name
RFE TEST

Subject I.D.
NA. PEREZ

Operator Name, I.D.
A-3 WEST

Location
MAYVIEW, MD

AS IV Serial no: 111749
Version no: 532B

TEST RECORD 00799 s/

Temp Date Time 210L

Air Blank:
09/02/22 15:07 .000

Calibration Check:
21 09/02/22 15:07 .102

Subject Name
TEST #3

Subject I.D.
NA. PEREZ

Operator Name, I.D.
A-3 WEST

Location
MAYVIEW, MD

AS IV Serial no: 111749
Version no: 532B

TEST RECORD 00798 s/

Temp Date Time 210L

Air Blank:
09/02/22 15:05 .000

Calibration Check:
21 09/02/22 15:05 .102

Subject Name
TEST #2

Subject I.D.
NA. PEREZ

Operator Name, I.D.
A-3 WEST

Location
MAYVIEW, MD

AS IV Serial no: 111749
Version no: 532B

TEST RECORD 00797 s/

Temp Date Time 210L

Air Blank:
09/02/22 15:04 .000

Calibration Check:
20 09/02/22 15:04 .102

Subject Name
TEST #1

Subject I.D.
NA. PEREZ 220137

Operator Name, I.D.
A-3 WEST

Location
MAYVIEW, MD