



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

**RECEIVED**  
 By Tracy Crews at 1:02 pm, Nov 10, 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 11/09/2022
LOCATION OF INSTRUMENT (STREET AND CITY) Weigh Station A-3 West, Mayview, MO		TIME OF INSPECTION 9:34 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 # 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 ← .101	TEST 2 ← .101	TEST 3 ← .101
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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 	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 00797

Temp Date Time 210L  
9/

Air Blank: 09/02/22 15:04 .000  
Calibration Check: 20 09/02/22 15:04 .102

Subject Name

TEST #1

Subject I.D.

N.A. PEREZ 220137

Operator Name, I.D.

A-3 WEST

Location

MARYVIEW, MD

AS IV Serial no: 111749  
Version no: 532B

TEST RECORD 00798

Temp Date Time 210L  
9/

Air Blank: 09/02/22 15:05 .000  
Calibration Check: 21 09/02/22 15:05 .102

Subject Name

TEST #2

Subject I.D.

N.A. PEREZ 220137

Operator Name, I.D.

A-3 WEST

Location

MARYVIEW, MD

AS IV Serial no: 111749  
Version no: 532B

TEST RECORD 00799

Temp Date Time 210L  
9/

Air Blank: 09/02/22 15:07 .000  
Calibration Check: 21 09/02/22 15:07 .102

Subject Name

TEST #3

Subject I.D.

N.A. PEREZ 220137

Operator Name, I.D.

A-3 WEST

Location

MARYVIEW, MD

AS IV Serial no: 111749  
Version no: 532B

TEST RECORD 00800

Temp Date Time 210L  
9/

U010: RFI  
12 09/02/22 15:08

Subject Name

RFI TEST

Subject I.D.

N.A. PEREZ 220137

Operator Name, I.D.

A-3 WEST

Location

MARYVIEW, MD