



RECEIVED

By Tracy Crews at 9:35 am, Aug 09, 2024

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 097401	NAME OF AGENCY MISSOURI STATE HIGHWAY PATROL	DATE OF INSPECTION 08/05/2024
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LOCATION OF INSTRUMENT (STREET AND CITY) 1000 CITY PARKWAY, OSAGE BEACH, MO 65065	TIME OF INSPECTION 5:28 pm
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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 # 23390 EXP. DATE 10/17/2025
- SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.00 SIM. SN MP2315 SIM. NIST EXP DATE 11/20/2024

- 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 <input type="checkbox"/> .099	TEST 2 <input type="checkbox"/> .099	TEST 3 <input type="checkbox"/> .099
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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) 1	(.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>T. Rosa</i>	PRINT NAME TYLER R. ROSA
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TYPE II PERMIT NUMBER/EXPIRATION DATE 230121 / 06/07/2025	TELEPHONE NUMBER (573) 751-1000
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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: 097401
Version no: 532B

TEST RECORD 00752

Temp Date Time 210L
s/

Air Blank:
08/05/24 17:38 .000
Calibration Check:
31 08/05/24 17:38 .099

Subject Name

Acc1

Subject I.D.

Acc1

Operator Name, I.D.

Rosa # 515 230121

Location

Troop F Zone II office

AS IV Serial no: 097401
Version no: 532B

TEST RECORD 00753

Temp Date Time 210L
s/

Air Blank:
08/05/24 17:43 .000
Calibration Check:
31 08/05/24 17:43 .099

Subject Name

Acc2

Subject I.D.

Acc2

Operator Name, I.D.

Rosa # 515 230121

Location

Troop F Zone II office

AS IV Serial no: 097401
Version no: 532B

TEST RECORD 00754

Temp Date Time 210L
s/

Air Blank:
08/05/24 17:53 .000
Calibration Check:
30 08/05/24 17:53 .099

Subject Name

Acc3

Subject I.D.

Acc3

Operator Name, I.D.

Rosa # 515 230121

Location

Troop F Zone II office

AS IV Serial no: 097401
Version no: 532B
TEST RECORD - REPRINT
TEST RECORD 00755
Temp Date Time 210L
s/
VOID: RFI
12 08/05/24 17:54
Subject Name
RFI
Subject I.D.
RFI
Operator Name, I.D.
Rosa # 515 230121
Location
Troop F Zone II office