



**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 097401	NAME OF AGENCY Missouri State Highway Patrol	DATE OF INSPECTION 12/11/2024
LOCATION OF INSTRUMENT (STREET AND CITY) 1000 City Parkway, Osage Beach, Missouri 65065		TIME OF INSPECTION 9:00 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 Guth Laboratories, Inc. LOT # 23390 EXP. DATE 10/17/2025

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.01 SIM. SN MP2312 SIM. NIST EXP DATE 11/06/2025

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 $\bullet$ .103	TEST 2 $\bullet$ .102	TEST 3 $\bullet$ .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	(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).

Corrected time.

**INSPECTING OFFICER**

SIGNATURE <i>T. Rosa</i>	PRINT NAME Tyler Rosa
TYPE II PERMIT NUMBER/EXPIRATION DATE 230121 / 06/07/2025	TELEPHONE NUMBER (573) 751-1000

**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

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TEST RECORD 00763

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
12/11/24 22:01 .000  
Calibration Check:  
11 12/11/24 22:01 .103

Subject Name

Acc 1

Subject I.D.

Acc 1

Operator Name, I.D.

Rosa #515 230121

Location

Zone office

AS IV Serial no: 097401  
Version no: 532B

TEST RECORD 00764

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
12/11/24 22:06 .000  
Calibration Check:  
14 12/11/24 22:06 .102

Subject Name

Acc 2

Subject I.D.

Acc 2

Operator Name, I.D.

Rosa #515 230121

Location

Zone office

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
12/11/24 21:11 .000  
Calibration Check:  
17 12/11/24 21:11 .101

Subject Name

Acc 3

Subject I.D.

Acc 3

Operator Name, I.D.

Rosa #515 230121

Location

Zone office

AS IV Serial no: 097401  
Version no: 532B

TEST RECORD 00766 <sup>s/</sup> 210L

Temp Date Time <sup>s/</sup> 210L

VOID: RFI  
12 12/11/24 21:13

Subject Name

RFI

Subject I.D.

RFI

Operator Name, I.D.

Rosa #515 230121

Location

Zone office