



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
STATE PUBLIC HEALTH LABORATORY

**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 097441	NAME OF AGENCY GRANDVIEW	DATE OF INSPECTION 07/02/2024
LOCATION OF INSTRUMENT (STREET AND CITY) 13116 ARRINGTON RD, GRANDVIEW		TIME OF INSPECTION 5:06 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 INTOXIMETERS LOT # AG222203 EXP. DATE 08/10/2024

SIMULATOR TEMPERATURE (34°C ± 0.2°C) SIM. SN SIM. NIST EXP DATE

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 ← 0.077

TEST 2 ← 0.077

TEST 3 ← 0.078

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  
*Brandon T. Eitel*

PRINT NAME  
BRANDON T. EITEL

TYPE II PERMIT NUMBER/EXPIRATION DATE  
240115

TELEPHONE NUMBER  
(816) 316-4921

**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: 097441  
Version no: 532B

TEST RECORD 00376

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

Air Blank:  
07/02/24 17:06 .000  
Calibration Check:  
22 07/02/24 17:06 .077

Subject Name

Test

Subject I.D.

1

Operator Name, I.D.

B. Eitel 240115

Location

13116 Arrington Rd

Grandview Mo.

AS IV Serial no: 097441  
Version no: 532B

TEST RECORD 00378

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

Air Blank:  
07/02/24 17:10 .000  
Calibration Check:  
23 07/02/24 17:10 .078

Subject Name

Test

Subject I.D.

3

Operator Name, I.D.

B. Eitel 240115

Location

13116 Arrington

Grandview Mo.

AS IV Serial no: 097441  
Version no: 532B

TEST RECORD 00377

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

Air Blank:  
07/02/24 17:08 .000  
Calibration Check:  
22 07/02/24 17:08 .077

Subject Name

Test

Subject I.D.

2

Operator Name, I.D.

B. Eitel 240115

Location

13116 Arrington Rd

Grandview Mo.

AS IV Serial no: 097441  
Version no: 532B

TEST RECORD 00379

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

VOID: RFI  
12 07/02/24 17:12

Subject Name

Test

Subject I.D.

RFI

Operator Name, I.D.

B. Eitel 240115

Location

13116 Arrington Rd

Grandview Mo.

