



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY

RECEIVED

By Tracy Crews at 12:06 pm, Aug 09, 2024

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 Police Department	DATE OF INSPECTION 08/07/2024
LOCATION OF INSTRUMENT (STREET AND CITY) 13116 Arrington Rd. Grandview		TIME OF INSPECTION 5:10 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.

<input checked="" type="checkbox"/> DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)
<input checked="" type="checkbox"/> TEMPERATURE OF ALCO SENSOR (10°C - 40°C)
<input checked="" type="checkbox"/> PRINTER WORKING PROPERLY
<input checked="" type="checkbox"/> TIME AND DATE DISPLAYING PROPERLY

BREATH ALCOHOL ACCURACY STANDARDS

<input type="checkbox"/> SIMULATOR SOLUTION	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
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<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>Intoximeter</u> LOT # <u>AG413002</u> EXP. DATE <u>05/09/2026</u>
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<input type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) SIM. SN SIM. NIST EXP DATE
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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)

<input type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE
<input checked="" type="checkbox"/> 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE
<input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE

TEST 1 ← .083	TEST 2 ← .084	TEST 3 ← .083
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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 Brandon T. Eitel
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TYPE II PERMIT NUMBER/EXPIRATION DATE 240115 05/28/2026	TELEPHONE NUMBER (816) 316-4921
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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: 097441
Version no: 532B

TEST RECORD 00385

Temp Date Time ^{g/} 210L

Air Blank:
08/07/24 17:10 .000
Calibration Check:
22 08/07/24 17:10 .083

Subject Name

Test 1

Subject I.D.

B. Eitel 240115

Operator Name, I.D.

B. Eitel 240115

Location

13116 Arrington

Grandview

AS IV Serial no: 097441
Version no: 532B

TEST RECORD 00386

Temp Date Time ^{g/} 210L

Air Blank:
08/07/24 17:13 .000
Calibration Check:
24 08/07/24 17:13 .084

Subject Name

Test

Subject I.D.

2

Operator Name, I.D.

B. Eitel 240115

Location

13116 Arrington Rd

Grandview

AS IV Serial no: 097441
Version no: 532B

TEST RECORD 00387

Temp Date Time ^{g/} 210L

Air Blank:
08/07/24 17:16 .000
Calibration Check:
25 08/07/24 17:16 .083

Subject Name

Test

Subject I.D.

3

Operator Name, I.D.

B. Eitel 240115

Location

13116 Arrington Grandview

AS IV Serial no: 097441
Version no: 532B

TEST RECORD 00388

Temp Date Time ^{g/} 210L

VOID: RFI
12 08/07/24 17:19

Subject Name

~~Test~~ Test

Subject I.D.

RFI

Operator Name, I.D.

B. Eitel 240115

Location

13116 Arrington

Grandview