

**RECEIVED**

By Tracy Crews at 6:54 am, Dec 10, 2024



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 Police	DATE OF INSPECTION 12/09/2024
LOCATION OF INSTRUMENT (STREET AND CITY) 13116 Arrington Rd. Grandview		TIME OF INSPECTION 12:48 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 Intoximeter LOT # AG414904 EXP. DATE 05/28/2026
- 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 ← .079	TEST 2 ← .078	TEST 3 ← .079
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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 #240115
TYPE II PERMIT NUMBER/EXPIRATION DATE 240115 05/28/2026	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 00466

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

Air Blank:  
12/09/24 12:45 .000  
Calibration Check:  
22 12/09/24 12:48 .079

Subject Name

Test

Subject I.D.

1

Operator Name, I.D.

B. Eitel 240115

Location

13116 Arrington

Grandview Mo

AS IV Serial no: 097441  
Version no: 532B

TEST RECORD 00465

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

Air Blank:  
12/09/24 12:45 .000  
Calibration Check:  
21 12/09/24 12:45 .078

Subject Name

Test

Subject I.D.

2

Operator Name, I.D.

B. Eitel 240115

Location

13116 Arrington

Grandview Mo.

AS IV Serial no: 097441  
Version no: 532B

TEST RECORD 00464

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

Air Blank:  
12/09/24 12:45 .000  
Calibration Check:  
20 12/09/24 12:43 .079

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 00467

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

VOID: RFI  
12 12/09/24 12:50

Subject Name

Test

Subject I.D.

RFI

Operator Name, I.D.

B. Eitel 240115

Location

13116 Arrington

Grandview Mo.