



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 STATE PUBLIC HEALTH LABORATORY
ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

RECEIVED
 BY MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES

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 111629	NAME OF AGENCY University of Missouri	DATE OF INSPECTION 04/30/2024
LOCATION OF INSTRUMENT (STREET AND CITY) 901 Virginia Ave		TIME OF INSPECTION 4:44 am

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 # AG331701 EXP. DATE 04/30/2024

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 .083	TEST 2 .083	TEST 3 .082
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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 Kyle Townley
TYPE II PERMIT NUMBER/EXPIRATION DATE 230234 10-24-2025	TELEPHONE NUMBER (573) 882-7202

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: 111629
Version no: 532B

TEST RECORD 01634

Temp Date Time ^{9/}21OL

Air Blank:
04/30/24 04:44 .000
Calibration Check:
21 04/30/24 04:44 .083

Subject Name

Monthly Maintenance

Subject I.D.

Test 1

Operator Name, I.D.

Townley 230234

Location

901 Virginia Ave

AS IV Serial no: 111629
Version no: 532B

TEST RECORD 01635

Temp Date Time ^{9/}21OL

Air Blank:
04/30/24 04:46 .000
Calibration Check:
21 04/30/24 04:46 .083

Subject Name

Monthly Maintenance

Subject I.D.

Test 2

Operator Name, I.D.

Townley 230234

Location

901 Virginia Ave

AS IV Serial no: 111629
Version no: 532B

TEST RECORD 01636

Temp Date Time ^{9/}21OL

Air Blank:
04/30/24 04:47 .000
Calibration Check:
22 04/30/24 04:47 .082

Subject Name

Monthly Maintenance

Subject I.D.

Test 3

Operator Name, I.D.

Townley 230234

Location

901 Virginia Ave

AS IV Serial no: 111629
Version no: 532B

TEST RECORD 01637

Temp Date Time ^{9/}21OL

VOID: RFI
12 04/30/24 04:49

Subject Name

Monthly Maintenance

Subject I.D.

RFI test

Operator Name, I.D.

Townley 230234

Location

901 Virginia Ave