



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

RECEIVED
 07/19/2024 08:03 am

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 08/24/2024
LOCATION OF INSTRUMENT (STREET AND CITY) 901 Virginia Ave, Columbia, Missouri		TIME OF INSPECTION 8:03 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 11/13/2025

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 .082	TEST 2 .081	TEST 3 .081
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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 01713

Temp Date Time ^{9/} 210L

Air Blank:
06/24/24 08:03 .000
Calibration Check:
21 06/24/24 08:03 .082

Subject Name

Maintenance

Subject I.D.

Test 1

Operator Name, I.D.

Townley 230234

Location

901 Virginia Ave

Columbia mo 65211

AS IV Serial no: 111629
Version no: 532B

TEST RECORD 01716

Temp Date Time ^{9/} 210L

Air Blank:
06/24/24 08:11 .000
Calibration Check:
23 06/24/24 08:11 .081

Subject Name

Maintenance

Subject I.D.

Test 2

Operator Name, I.D.

Townley 230234

Location

901 Virginia Ave

Columbia mo 65211

AS IV Serial no: 111629
Version no: 532B

TEST RECORD 01718

Temp Date Time ^{9/} 210L

Air Blank:
06/24/24 08:14 .000
Calibration Check:
23 06/24/24 08:14 .081

Subject Name

Maintenance

Subject I.D.

Test 3

Operator Name, I.D.

Townley 230234

Location

901 Virginia Ave

Columbia mo 65211

AS IV Serial no: 111629
Version no: 532B

TEST RECORD 01719

Temp Date Time ^{9/} 210L

VOID: RFI
12 06/24/24 08:16

Subject Name

Maintenance

Subject I.D.

RFI Test

Operator Name, I.D.

Townley 230234

Location

901 Virginia Ave

Columbia mo 65211