



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 111629	NAME OF AGENCY University Of Missouri	DATE OF INSPECTION 08/18/2024
LOCATION OF INSTRUMENT (STREET AND CITY) 901 Virginia Ave, Columbia, Missouri		TIME OF INSPECTION 1:33 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 type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER Intoximeters _____ LOT # A333170 _____	EXP. DATE 11/13/2025
<input type="checkbox"/> 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 ± 0.005% 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 → 0.083	TEST 2 → 0.083	TEST 3 → 0.082
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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 11-24-2025	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 01751

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

Air Blank:  
08/18/24 13:33 .000  
Calibration Check:  
21 08/18/24 13:33 .083

Subject Name

Maintenance Test

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 01753

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

Air Blank:  
08/18/24 13:36 .000  
Calibration Check:  
22 08/18/24 13:36 .082

Subject Name

Maintenance test

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 01752

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

Air Blank:  
08/18/24 13:34 .000  
Calibration Check:  
21 08/18/24 13:34 .083

Subject Name

Maintenance test

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 01754

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

VOID: RFI  
12 08/18/24 13:37

Subject Name

Maintenance test

Subject I.D.

RFI test

Operator Name, I.D.

Townley 230234

Location

901 Virginia Ave