

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

RECEIVED By Tracy Crews at 10:09 am, Jan 03, 2025

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

Complete this report in du Send copy to Department	plicate at the time of Health and Seni	of the regular monthly proor Services; retain original	eventative m al in departm	aintena ent file.	ance check, and	wheneve	er instrument is repaired.	
ALCO SENSOR IV SN 097401		NAME OF AGENCY Missouri State Highway Patrol			DATE OF INSPECTION 01/03/2025			
LOCATION OF INSTRUMENT (STREET AND CITY) 1000 City Parkway, Osage Beach, Missouri 65065					TIME OF INSPECTION 7:49 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 Guth Laboratories, Inc. LOT # 23390 EXP. DATE 10/17/2025								
☑ SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.01 SIM. SN MP2312 SIM. NIST EXP DATE 11/06/20							P DATE 11/06/2025	
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 ▼ .103		TEST 2 .101			TEST 3 ▼ .102			
☑ RFI DETECTOR OPE	RATING							
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: (DO NOT INCLUDE SELF-ADMINISTERED TESTS)								
	[(.0509)	(.1014)	2	(.1519)		(OVER .19)	
REFUSALS List any new parts and d established limits (use off	(004) escribe any alterati ner side if necessar	on or modification that v				to operat	te satisfactorily and within	
INSPECTING OFFICER								
SIGNATURE					PRINT NAME Tyler R. Rosa			
TYPE II PERMIT NUMBER/EXPIRATION DATE					TELEPHONE NUMBER			
230121 / 06/07/2025					(573) 751-1000			
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: 097401
Version no: 532B

TEST RECORD 00769

9/
Temp Date Time 210L

Air Blank:
01/03/25 08:05 .000
Calibration Check:
12 01/03/25 08:05 .103

Subject Name

Acc

Subject I.D.

Operator Name, I.D.

23011 Rose
Location

ZMC Afscl

AS IV Serial no: 097401 Version no: 532B TEST RECORD 00770 9/ Temp Date Time 210L Air Blank: 01/03/25 08:09 .000 Calibration Check: 15 01/03/25 08:09 .101 Subject Name ACLL Subject I.D. Operator Name, I.D. ROSA # 515 230 121 Location Zone off

AS IV Serial no: 097401 Version no: 532B TEST RECORD 00771 Temp Date Time 210L Air Blank: 01/03/25 08:12 .000 Calibration Check: 16 01/03/25 08:12 .102 Subject Name ACC 3 Subject I.D. V Operator Name, I.D. 230121 Location Zore

AS_IV Serial no: 097401
Version no: 532B

TEST RECORD 00772
9/
Temp Date Time 210L

VOID: RFI
12 01/03/25 08:13

Subject Name

RFI Check

Subject I.D.

V

Operator Name, I.D.

23014 Rosa #515
Location

Zul SFTCL