



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 01/15/2025
LOCATION OF INSTRUMENT (STREET AND CITY) 1200 Main Street Grandview MO		TIME OF INSPECTION 4:25 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

<input type="checkbox"/> SIMULATOR SOLUTION	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>iNTOXIMETER</u>	LOT # <u>AG414904</u> EXP. DATE <u>05/28/2026</u>
<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 ±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 ← .078	TEST 2 ← .078	TEST 3 ← .078
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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
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 00507

Temp Date Time 210L

Air Blank:
01/15/25 16:25 .000
Calibration Check:
23 01/15/25 16:25 .078

Subject Name

Test

Subject I.D.

1

Operator Name, I.D.

B. Eitel 24015

Location

1200 Main St

Granview Mo

AS IV Serial no: 097441
Version no: 532B

TEST RECORD 00508

Temp Date Time 210L

Air Blank:
01/15/25 16:28 .000
Calibration Check:
23 01/15/25 16:28 .078

Subject Name

Test

Subject I.D.

2

Operator Name, I.D.

B. Eitel 24015

Location

1200 Main St

Granview Mo

AS IV Serial no: 097441
Version no: 532B

TEST RECORD 00509

Temp Date Time 210L

Air Blank:
01/15/25 16:30 .000
Calibration Check:
24 01/15/25 16:30 .078

Subject Name

Test

Subject I.D.

3

Operator Name, I.D.

B. Eitel 24015

Location

1200 Main St

Granview Mo

AS IV Serial no: 097441
Version no: 532B

TEST RECORD 00510

Temp Date Time 210L

VOID: RFI
12 01/15/25 16:31

Subject Name

Test

Subject I.D.

RFI

Operator Name, I.D.

B. Eitel 24015

Location

1200 Main St

Granview Mo