



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

AUGUST.					
Complete this report in o					never instrument is repaired.
ALCO SENSOR IV SN 097441		NAME OF AGENCY GRANDVIEW P	OLICE DEPARTME		OF INSPECTION 3/2025
LOCATION OF INSTRUMENT (1200 MAIN STREET,	STREET AND CITY) GRANDVIEW				of inspection 2 pm
CHECKLIST: Place a ma	rk in the box by eac	h item if found to be satis	sfactory or if operating	within established lim	its. (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 SUPPL	IER INTOXIMETE	RSLOT # AG414904EXP. DATE 05/28/2026			
SIMULATOR TEMPE	ERATURE (34°C ±	0.2°C) SI	M. SN	SIM. NIST EXP DATE	
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 .076		TEST 2 ★ .077		TEST 3 ❤ 0078	
RFI DETECTOR OPE	ERATING				
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: (DO NOT INCLUDE SELF-ADMINISTERED TESTS)					
REFUSALS	(004)	(.0509)	(.1014)	(.1519)	(OVER .19)
List any new parts and destablished limits (use oth BATTERY REPLACE!	ner side if necessar	y).	was made to restore	the instrument to ope	rate satisfactorily and within
NSPECTING OFFICER					
SIGNATURE B	101	240115	PRINT NAME BRANDON T. EITEL		EL
TYPE II PERMIT NUMBER/EXPIRATO 240115 05/28/2026	ON DATE			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.					

Operator Name: I.D.

1200 Main St

B. Eitel 240115

Grandier Mo

AS IV Serial no: 097441
Version no: 532B

TEST RECORD 00514

Temp Date Time 210L

Air Blank:
02/03/1 2455 2000
Calibraticated
24 8 2000 2000
Subject I.B.

2
Operator Name, I.D.

B. E. fel 24005
Location
12co Main St

Gralvicus Mo.

AS IV Serial no: 097441 Version no: 532B TEST RECORD 00515 9/ Temp Date Time 210L Air Blank: 02/03/25 12:07 .000 Calibration Check: 24 02/03/25 12:07 .078 oudsect Mame Test Subject I.D. 3 Operat .ma. [.D. 240115 B. E. L.

AS IV Serial no: 097441
Version no: 532R

TEST RECORD 00516

Temp Time 2101

White kfI
12 02/03/25 12:08

Subject Name
Test
Subject I.D.

RFT
Operator Name, I.D.
B. Estel Jyolls
Location
1200 Main St

Grabiew Mo.