



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

RECEIVED
07/11/2025 09:11:09 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 11629	NAME OF AGENCY University of Missouri Police Department	DATE OF INSPECTION 01/04/2025
LOCATION OF INSTRUMENT (STREET AND CITY) 901 Virginia Ave, Columbia Missouri		TIME OF INSPECTION 7:46 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 0.082	TEST 2 0.082	TEST 3 0.081
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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 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: 11162
Version no: 532B

TEST RECORD 01835

Temp Date Time 21^{9/}OL

Air Blank:
01/04/25 07:46 .000
Calibration Check:
20 01/04/25 07:46 .082

Subject Name
Maintenance
Subject I.D.
Test 1
Operator Name, I.D.
Townley 230234
Location
MUPD

AS IV Serial no: 111629
Version no: 532B

TEST RECORD 01836

Temp Date Time 21^{9/}OL

Air Blank:
01/04/25 07:48 .000
Calibration Check:
21 01/04/25 07:48 .082

Subject Name
Maintenance
Subject I.D.
Test 2
Operator Name, I.D.
Townley 230234
Location
MUPD

AS IV Serial no: 111629
Version no: 532B

TEST RECORD 01837

Temp Date Time 21^{9/}OL

Air Blank:
01/04/25 07:52 .000
Calibration Check:
22 01/04/25 07:52 .081

Subject Name
Maintenance
Subject I.D.
Test 3
Operator Name, I.D.
Townley 230234
Location
MUPD

AS IV Serial no: 111629
Version no: 532B

TEST RECORD 01838

Temp Date Time 21^{9/}OL

VOID: RFI
12 01/04/25 07:54

Subject Name
Maintenance
Subject I.D.
RFI Test
Operator Name, I.D.
Townley 230234
Location
MUPD