



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 111677	NAME OF AGENCY MISSOURI STATE HIGHWAY PATROL	DATE OF INSPECTION 03/22/2025
LOCATION OF INSTRUMENT (STREET AND CITY) MADISON COUNTY JAIL (124 N. MAIN, FREDERICKTOWN, MO 63645)		TIME OF INSPECTION 7:54 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**

- SIMULATOR SOLUTION  COMPRESSED ETHANOL-GAS MIXTURE
- STANDARD SUPPLIER GUTH LABORATORIES LOT # 23390 EXP. DATE 10/17/2025
- SIMULATOR TEMPERATURE (34°C ± 0.2°C) 33.98 SIM. SN MP2127 SIM. NIST EXP DATE 10/03/2025

- 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 ← .097	TEST 2 ← .097	TEST 3 ← .097
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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	(0-.04)	0	(.05-.09)	0	(.10-.14)	0	(.15-.19)	0	(OVER .19)	0
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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).

TIME ADVANCED AFTER MAINTENANCE PERFORMED

**INSPECTING OFFICER**

SIGNATURE 	PRINT NAME ADAM SHIPLEY
TYPE II PERMIT NUMBER/EXPIRATION DATE 230275 / 11/28/2025	TELEPHONE NUMBER (573) 840-9500

**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: 111677  
Version no: 532B

TEST RECORD 01264

Temp Date Time 210L

Air Blank:  
03/22/25 18:58 .000  
Calibration Check:  
23 03/22/25 18:58 .097

Subject Name

Test 1

Subject I.D.

A.R. Shipley 230275  
Operator Name, I.D.

Location

AS IV Serial no: 111677  
Version no: 532B

TEST RECORD 01265

Temp Date Time 210L

Air Blank:  
03/22/25 19:01 .000  
Calibration Check:  
23 03/22/25 19:01 .097

Subject Name

Test 2

Subject I.D.

A.R. Shipley 230275  
Operator Name, I.D.

Location

AS IV Serial no: 111677  
Version no: 532B

TEST RECORD 01266

Temp Date Time 210L

Air Blank:  
03/22/25 19:02 .000  
Calibration Check:  
24 03/22/25 19:02 .097

Subject Name

Test 3

Subject I.D.

A.R. Shipley 230275  
Operator Name, I.D.

Location

AS IV Serial no: 111677  
Version no: 532B

TEST RECORD 01267

Temp Date Time 210L

VOID: RFI  
12 03/22/25 19:04

Subject Name

RFI Test

Subject I.D.

A.R. Shipley 230275  
Operator Name, I.D.

Location