



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

RECEIVED
 By Carol Day at 7:37 am, Jul 02, 2014

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 030798	PRINTER SN 91.9821.035	DATE OF INSPECTION 07-01-2014
LOCATION OF INSTRUMENT (STREET AND CITY) 101 SHERIFF DIERKER CT. O'FALLON		TIME OF INSPECTION 1030

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.

<input checked="" type="checkbox"/> DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)	PASSED
<input checked="" type="checkbox"/> TEMPERATURE OF ALCO SENSOR (10°C - 40°C)	25°C
<input checked="" type="checkbox"/> PRINTER WORKING PROPERLY	PASSED
<input checked="" type="checkbox"/> TIME AND DATE DISPLAYING PROPERLY	1037 07-01-2014

BREATH ALCOHOL ACCURACY STANDARDS

<input type="checkbox"/> SIMULATOR SOLUTION	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER INTOXIMETERS, INC.	LOT # AG402703 EXP. DATE 01-27-2016
<input type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C)	SIMULATOR SN _____ SIMULATOR 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)

<input type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE
<input checked="" type="checkbox"/> 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE
<input type="checkbox"/> 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 **PASSED**

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) 1	(.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).

TRUCAL .078

INSPECTING OFFICER	
SIGNATURE 	PRINT NAME DEPUTY FOURNELL, D.
TYPE II PERMIT NUMBER/EXPIRATION DATE 240274 06-13-2016	TELEPHONE NUMBER 636-949-0809

Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office
 2875 James Boulevard
 Poplar Bluff, MO 63901



STATE OF MISSOURI
 DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BREATH ALCOHOL PROGRAM

2

**PERMIT
 TYPE II**

DAVID FOURNELL

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

ALCO-SENSOR IV WITH PRINTER, INTOXILYZER 5000

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 6/13/2014

NUMBER 240274

EXPIRES 6/13/2016

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R6-10)

STATE OF MISSOURI
 DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BREATH ALCOHOL PROGRAM

INSTRUMENT OPERATOR CARD

The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.

Operator FURNELL, DAVID
 Permit No 240274
 Date Issued 6/13/2014 Date Expires 6/13/2016

AS 10 Serial no: 000798
Version no: 532B

TEST RECORD 00028

Temp Date Time 210L
9/

Air Blank:
07/01/14 10:37 .000
Subject Test: Man
25 07/01/14 10:37 .079

Subject Name

Subject I.D.

Operator Name, I.D.

FOURNAU, D. 570

Location

101 SHERIFF DEPT CT

AS 10 Serial no: 000798
Version no: 532B

TEST RECORD 00029

Temp Date Time 210L
9/

Air Blank:
07/01/14 10:39 .000
Subject Test: Man
25 07/01/14 10:39 .076

Subject Name

Subject I.D.

Operator Name, I.D.

FOURNAU, D. 570

Location

101 SHERIFF DEPT CT

AS 10 Serial no: 000798
Version no: 532B

TEST RECORD 00030

Temp Date Time 210L
9/

Air Blank:
07/01/14 10:42 .000
Subject Test: Man
25 07/01/14 10:42 .078

Subject Name

Subject I.D.

Operator Name, I.D.

FOURNAU, D. 570

Location

101 SHERIFF DEPT CT

AS 10 Serial no: 000798
Version no: 532B

TEST RECORD 00031

Temp Date Time 210L
9/

VOID: RFI
12 07/01/14 10:44

Subject Name

Subject I.D.

Operator Name, I.D.

FOURNAU, D. 570

Location

101 SHERIFF DEPT CT