



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

REPORT #7

RECEIVED
 By Carol Day at 2:35 pm, Jan 06, 2015

Complete this report in duplicate at the time of the regular monthly preventative maintenance check. Send copy to Department of Health and Senior Services; retain original in department file.

| | | |
|---|----------------------------|----------------------------------|
| ALCO SENSOR IV SN 078389 | PRINTER SN 071.3383.132 | DATE OF INSPECTION 12/26/2014 |
| LOCATION OF INSTRUMENT (STREET AND CITY) 4525 Downs Drive St. Joseph, MO 64507 | | TIME OF INSPECTION 9:20 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 RepCo Marketing, Inc. LOT # 13002 EXP. DATE 06/19/2015

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34 SIMULATOR SN 3506 SIMULATOR EXP DATE 11/17/2015

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 .099

TEST 2 .099

TEST 3 .099

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 |
|----------|---|---------|---|-----------|---|-----------|---|-----------|---|------------|---|

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).

Instrument is operating within the limits set forth by the Missouri Department of Health and Senior Services. Solution provided by RepCo Marketing, Inc. .100 Solution, Lot # 13002 expires 06/19/2015.

INSPECTING OFFICER

SIGNATURE

PRINT NAME
J. Bench

TYPE II PERMIT NUMBER/EXPIRATION DATE
240032 02/11/2016

TELEPHONE NUMBER
(816) 271-4438

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

AS IV Serial no: 078389
Version no: 532B

TEST RECORD 00059

Temp Date Time 210L 9/

Air Blank: 12/26/14 09:21 .000
Calibration Check: 22 12/26/14 09:21 .099

Subject Name

Subject I.D.

Operator Name, I.D.

Location *J. Beck 2117*

4525 Downs Dr

St. Joseph MO 64507

AS IV Serial no: 078389
Version no: 532B

TEST RECORD 00060

Temp Date Time 210L 9/

Air Blank: 12/26/14 09:24 .000
Calibration Check: 23 12/26/14 09:24 .099

Subject Name

Subject I.D.

Operator Name, I.D.

Location *J. Beck 2117*

4525 Downs Dr

St. Joseph MO 64507

AS IV Serial no: 078389
Version no: 532B

TEST RECORD 00061

Temp Date Time 210L 9/

Air Blank: 12/26/14 09:26 .000
Calibration Check: 24 12/26/14 09:26 .099

Subject Name

Subject I.D.

Operator Name, I.D.

Location *J. Beck 2117*

4525 Downs Dr

St. Joseph MO 64507

AS IV Serial no: 078389
Version no: 532B

TEST RECORD 00062

Temp Date Time 210L 9/

VOID: RFI
12 12/26/14 09:28

Subject Name

Subject I.D.

Operator Name, I.D.

Location *J. Beck 2117*

4525 Downs Dr

St. Joseph MO 64507



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



PERMIT
TYPE II
JAMES E BENCH

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

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 2/11/2014

NUMBER 240032

EXPIRES 2/11/2016

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES



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 BENCH, JAMES
Permit No 240032
Date Issued 2/11/2014 Date Expires 2/11/2016