



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

**RECEIVED**  
 By Carol Day at 3:41 pm, Aug 05, 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 <b>087959</b>	PRINTER SN <b>08C.3527.093</b>	DATE OF INSPECTION <b>08-03-2014</b>
LOCATION OF INSTRUMENT (STREET AND CITY) <b>301 N. 2ND ST. ST. CHARLES</b>		TIME OF INSPECTION <b>1040</b>

**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)	<b>PASSED</b>
<input checked="" type="checkbox"/> TEMPERATURE OF ALCO SENSOR (10°C - 40°C)	<b>24°C</b>
<input checked="" type="checkbox"/> PRINTER WORKING PROPERLY	<b>PASSED</b>
<input checked="" type="checkbox"/> TIME AND DATE DISPLAYING PROPERLY	<b>1053 08-03-2014</b>

**BREATH ALCOHOL ACCURACY STANDARDS**

<input type="checkbox"/> SIMULATOR SOLUTION	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER <b>INTOXIMETERS, INC.</b> LOT # <b>A6402703</b> EXP. DATE <b>01-27-2016</b>	
<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 • <b>.080</b>	TEST 2 • <b>.079</b>	TEST 3 • <b>.079</b>
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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	<b>0</b>	(0-.04)	<b>0</b>	(.05-.09)	<b>0</b>	(.10-.14)	<b>4</b>	(.15-.19)	<b>0</b>	(OVER .19)	<b>2</b>
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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 .079**

<b>INSPECTING OFFICER</b>	
SIGNATURE 	PRINT NAME <b>DEPUTY FURNELL, D. 570</b>
TYPE II PERMIT NUMBER/EXPIRATION DATE <b>240274 06-13-2016</b>	TELEPHONE NUMBER <b>636-949-0809</b>

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

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**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**

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 IV Serial no: 087959  
Version no: 532B

TEST RECORD - REPRINT

TEST RECORD 00074 s/  
Temp Date Time 210L

Air Blank: 08/03/14 10:53 .000  
Calibration Check: 24 08/03/14 10:53 .000

Subject Name

Subject I.D.

Operator Name, I.D.

Fournell, D. 570

Location

301 N. 2ND ST.

ST. CHARLES, MO

AS IV Serial no: 087959  
Version no: 532B

TEST RECORD 00075

Temp Date Time 210L s/

Air Blank: 08/03/14 10:56 .000  
Calibration Check: 26 08/03/14 10:56 .079

Subject Name

Subject I.D.

Operator Name, I.D.

Fournell, D. 570

Location

301 N. 2ND ST.

ST. CHARLES, MO

AS IV Serial no: 087959  
Version no: 532B

TEST RECORD 00076

Temp Date Time 210L s/

Air Blank: 08/03/14 10:58 .000  
Calibration Check: 26 08/03/14 10:58 .079

Subject Name

Subject I.D.

Operator Name, I.D.

Fournell, D. 570

Location

301 N. 2ND ST.

ST. CHARLES, MO

AS IV Serial no: 087959  
Version no: 532B

TEST RECORD 00077

Temp Date Time 210L s/

VOID: RFI  
12 08/03/14 10:59

Subject Name

Subject I.D.

Operator Name, I.D.

Fournell, D. 570

Location

301 N. 2ND ST.

ST. CHARLES, MO