



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

received 6/21/14-cc REPORT #7

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

REVIEWED instrument is repaired.
By Carol Day at 10:35 am, Jul 11, 2014

ALCO SENSOR IV SN 097409	PRINTER SN 096.3580.871	DATE OF INSPECTION 06/13/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 103 S. Second St. Steelville MO 65565		TIME OF INSPECTION 3:12 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 Labs LOT # 13210 EXP. DATE 07/29/2015

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0 SIMULATOR SN SD 2767 SIMULATOR EXP DATE 07/10/2014

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 .098

TEST 3 .097

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).

Instrument operating within the limits set forth by the Missouri Department of Health.

INSPECTING OFFICER

SIGNATURE 	PRINT NAME Sgt. Adam D. Reed
TYPE II PERMIT NUMBER/EXPIRATION DATE 220409 12/20/2014	TELEPHONE NUMBER (573) 775-2200

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