



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

**RECEIVED**  
 By Carol Day at 9:30 am, Jan 23, 2014 T #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 097443	PRINTER SN 096.3580.953	DATE OF INSPECTION 01/22/2014
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LOCATION OF INSTRUMENT (STREET AND CITY) 2111 County Drive Columbia	TIME OF INSPECTION 2:19 pm
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**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 Intoximeters LOT # AG332202 EXP. DATE 11/18/2015

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)

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 .081

TEST 2 .080

TEST 3 .080

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)	1	(OVER .19)	1
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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).

52-pin socket replaced by Intoximeters.

Instrument calibrated to .080 standard dry gas standard prior to accuracy checks after the instrument was returned from the factory.

**INSPECTING OFFICER**

SIGNATURE	PRINT NAME Gabe Edwards
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TYPE II PERMIT NUMBER/EXPIRATION DATE 230286 / 11-26-2015	TELEPHONE NUMBER (573) 875-1111
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**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: 097443  
Version no: 004C

TEST RECORD 01330

Temp Date Time 210L <sup>g/</sup>

Air Blank: 01/22/14 14:19 .000

Calibration Check: 26 01/22/14 14:19 .081

Subject Name

Maintenance

Subject I.D.

Operator Name, I.D.

G. Edwards 230286

Location

2111 County Dr

Columbia

AS IV Serial no: 097443  
Version no: 004C

TEST RECORD 01331

Temp Date Time 210L <sup>g/</sup>

Air Blank: 01/22/14 14:21 .000

Calibration Check: 26 01/22/14 14:21 .080

Subject Name

Maintenance

Subject I.D.

AS IV Serial no: 097443  
Version no: 004C

TEST RECORD 01332

Temp Date Time 210L <sup>g/</sup>

Air Blank: 01/22/14 14:25 .000

Calibration Check: 26 01/22/14 14:25 .080

Subject Name

Maintenance

Subject I.D.

Operator Name, I.D.

G. Edwards 230286

Location

2111 County Dr.

Columbia

AS IV Serial no: 097443  
Version no: 004C

TEST RECORD - REPRINT

TEST RECORD 01331

Temp Date Time 210L <sup>g/</sup>

Air Blank: 01/22/14 14:21 .000

Calibration Check: 26 01/22/14 14:21 .080

Subject Name

Maintenance

Subject I.D.

Operator Name, I.D.

G. Edwards 230286

Location

2111 County Dr

Columbia

AS IV Serial no: 097443  
Version no: 004C

TEST RECORD 01333

Temp Date Time 210L <sup>g/</sup>

Void: RPI

12 01/22/14 14:25

Subject Name

Maintenance

Subject I.D.

Operator Name, I.D.

G. Edwards 230286

Location

2111 County Dr

Columbia



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

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**PERMIT  
TYPE II**

**GABE EDWARDS**

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, DATAMASTER**

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 11/26/2013

NUMBER 230286

EXPIRES 11/26/2015

MO 583-0771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (16-10)

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 EDWARDS, GABE  
Permit No 230286  
Date Issued 11/26/2013 Date Expires 11/26/2015

