



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

RECEIVED
 By Carol Day at 3:57 pm, Aug 12, 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 100287	PRINTER SN 84.9324.160	DATE OF INSPECTION 7-31-14
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LOCATION OF INSTRUMENT (STREET AND CITY) 401 S. Main St. Archie	TIME OF INSPECTION 1537
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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) **22°C**

PRINTER WORKING PROPERLY

TIME AND DATE DISPLAYING PROPERLY

BREATH ALCOHOL ACCURACY STANDARDS

SIMULATOR SOLUTION COMPRESSED ETHANOL-GAS MIXTURE

STANDARD SUPPLIER **Intoximeter** LOT # **A6409203** EXP. DATE **4-2-16**

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 • .099	TEST 2 • .099	TEST 3 • .099
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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) 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).

INSPECTING OFFICER

SIGNATURE [Signature]	PRINT NAME Brian Koch
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TYPE II PERMIT NUMBER EXPIRATION DATE 220391 / 11-19-14	TELEPHONE NUMBER 816-430-5242
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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

State of Missouri
DEPARTMENT OF HEALTH



P E R M I T
TYPE II



BRIAN W KOEHN

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

DATAMASTER; ALCO-SENSOR IV W/PRINTER

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

Date 11/19/2012

Number 220391

Expires 11/19/2014

MO 580-0771 (7-88)

Director of State Public Health Laboratory

Director, Department of Health

Lab. 4 (R7-88)

AS UV Serial no# 100287
Version no# 5320

TEST RECORD 00004

Time Date Time %

Air Blank:
97/01/14 10:10 AM
Calibration: 10000
20 997100 10000

Sheet 1/1

Blk 102

401 S. Main

AS UV Serial no# 100287
Version no# 5320

TEST RECORD 00005

Time Date Time %

Air Blank:
97/01/14 10:10 AM
Calibration: 10000
20 997100 10000

Sheet 1/1

Blk 102

401 S. Main

AS UV Serial no# 100287
Version no# 5320

TEST RECORD 00007

Time Date Time %

Air Blank:
97/01/14 10:10 AM
Calibration: 10000
20 997100 10000

Sheet 1/1

Blk 102

401 S. Main

RFI

AS UV Serial no# 100287
Version no# 5320

TEST RECORD 00005

Time Date Time %

Air Blank:
97/01/14 10:47

Subject Name

Blk 102

401 S. Main