



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

REPORT #7

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

RECEIVED instrument is repaired.
 By Carol Day at 12:26 pm, Oct 28, 2014

ALCO SENSOR IV SN 100287	PRINTER SN 84.9324.160	DATE OF INSPECTION 10-17-14
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LOCATION OF INSTRUMENT (STREET AND CITY) 401 S. Marsh St. Archie	TIME OF INSPECTION 1500
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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**
- 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 .100	TEST 2 .100	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) 0	(.15-.19) 1	(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 	PRINT NAME Brian W. Koehn
TYPE II PERMIT NUMBER/EXPIRATION DATE 220391 / 11-19-14	TELEPHONE NUMBER 816-430-5242

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

Director of State Public Health Laboratory

Director, Department of Health

AS IV Serial no: 100287
Version no: 532B

TEST RECORD 00044

Temp Date Time 210L

Air Blank:
10/17/14 15:02 .000
Calibration Check:
24 10/17/14 15:02 .899

Subject Name

Subject I.D.

BLK 102

Operator Name, I.D.

Location

AS IV Serial no: 100287
Version no: 532B

TEST RECORD 00043

Temp Date Time 210L

Air Blank:
10/17/14 15:01 .000
Calibration Check:
23 10/17/14 15:01 .100

Subject Name

Subject I.D.

BLK 102

Operator Name, I.D.

Location

AS IV Serial no: 100287
Version no: 532B

TEST RECORD - REPRINT

TEST RECORD 00042

Temp Date Time 210L

Air Blank:
10/17/14 14:58 .000
Calibration Check:
-22 10/17/14 14:58 .100

Subject Name

Subject I.D.

BLK 102

Operator Name, I.D.

Location

RFI

AS IV Serial no: 100287
Version no: 532B

TEST RECORD 00045

Temp Date Time 210L

VOID: RFI
12 10/17/14 15:04

Subject Name

Subject I.D.

BLK 102

Operator Name, I.D.

Location