



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

RECEIVED  
 By Carol Day at 11:18 am, Nov 07, 2014  
 REPORT #

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 102458	PRINTER SN 093.3578.252	DATE OF INSPECTION 11/05/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 600 E. Walnut, Columbia		TIME OF INSPECTION 3:26 am

**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 # AG414902 EXP. DATE 05/29/2016
- 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 → .101	TEST 2 → .101	TEST 3 → .101
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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	2	(.0-.04)	1	(.05-.09)	6	(.10-.14)	2	(.15-.19)	2	(OVER .19)	3
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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).

<b>INSPECTING OFFICER:</b>	
SIGNATURE ▶	PRINT NAME Nathan Turner
TYPE II PERMIT NUMBER/EXPIRATION DATE 220411 12/20/2014	TELEPHONE NUMBER (573) 441-5467

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: 102458  
Version no: 004C

TEST RECORD 01034

Temp Date Time 210L

Air Blank:  
11/05/14 03:26 .000  
Calibration Check:  
24 11/05/14 03:26 .101

Subject Name

Test

Subject I.D.

Operator Name, I.D.

Turner 1985

Location

CPD

AS IV Serial no: 102458  
Version no: 004C

TEST RECORD 01036

Temp Date Time 210L

Air Blank:  
11/05/14 03:30 .000  
Calibration Check:  
25 11/05/14 03:30 .101

Subject Name

Test

Subject I.D.

Operator Name, I.D.

Turner 1985

Location

CPD

AS IV Serial no: 102458  
Version no: 004C

TEST RECORD 01035

Temp Date Time 210L

Air Blank:  
11/05/14 03:28 .000  
Calibration Check:  
24 11/05/14 03:28 .101

Subject Name

Test

Subject I.D.

Operator Name, I.D.

Turner 1985

Location

CPD

AS IV Serial no: 102458  
Version no: 004C

TEST RECORD 01037

Temp Date Time 210L

Void: RFI  
12 11/05/14 03:31

Subject Name

Test

Subject I.D.

Operator Name, I.D.

Turner 1985

Location

CPD