



ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

RECEIVED REPORT #7
By Carol Day at 9:30 am, Jan 23, 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 102469	PRINTER SN 095.3583.193	DATE OF INSPECTION 01/22/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 2111 County Drive Columbia		TIME OF INSPECTION 12:50 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 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 .080	TEST 2 .080	TEST 3 .080
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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	1	(0-.04)	0	(.05-.09)	4	(.10-.14)	4	(.15-.19)	7	(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).

INSPECTING OFFICER	
SIGNATURE	PRINT NAME Gabe Edwards
TYPE II PERMIT NUMBER/EXPIRATION DATE 230286 / 11-26-2015	TELEPHONE NUMBER (573) 875-1111

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: 102469
Version no: 004C

TEST RECORD 00603

Temp	Date	Time	%/
Air Blank:	01/22/14	12:50	.000
Calibration Check:	26	01/22/14	12:50 .000

Subject Name

Maintenance

Subject I.D.

Operator Name, I.D.

G. Edwards 230286

Location

2111 County DR.

Columbia

AS IV Serial no: 102469
Version no: 004C

TEST RECORD 00604

Temp	Date	Time	%/
Air Blank:	01/22/14	12:52	.000
Calibration Check:	26	01/22/14	12:52 .000

Subject Name

Maintenance

Subject I.D.

Operator Name, I.D.

G. Edwards 230286

Location

2111 County DR.

Columbia

AS IV Serial no: 102469
Version no: 004C

TEST RECORD 00605

Temp	Date	Time	%/
Air Blank:	01/22/14	12:54	.000
Calibration Check:	27	01/22/14	12:54 .000

Subject Name

Maintenance

Subject I.D.

Operator Name, I.D.

G. Edwards 230286

Location

2111 County DR

Columbia

AS IV Serial no: 102469
Version no: 004C

TEST RECORD 00606

Temp	Date	Time	%/
Void: RFI	12	01/22/14	12:55

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



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

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

acting director
 DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R6-10)

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

