



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

REPORT #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 102470	PRINTER SN 086.3419.040	DATE OF INSPECTION 01/22/2014
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LOCATION OF INSTRUMENT (STREET AND CITY) 2111 County Drive Columbia	TIME OF INSPECTION 12:28 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

<input type="checkbox"/> SIMULATOR SOLUTION	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>Intoximeters</u> LOT # <u>AG332202</u> EXP. DATE <u>11/18/2015</u>	
<input type="checkbox"/> 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)

<input type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE
<input checked="" type="checkbox"/> 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE
<input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE

TEST 1 .082	TEST 2 .082	TEST 3 .082
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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)	2	(.15-.19)	4	(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: 102470
Version no: 004C

TEST RECORD 00815

Temp Date Time 210L

Air Blank: 01/22/14 12:28 .000

Calibration Check: 23 01/22/14 12:28 .002

Subject Name

Maintenance

Subject I.D.

Operator Name, I.D.

G. Edwards 230286

Location

2111 County DR.

Columbia

AS IV Serial no: 102470
Version no: 004C

TEST RECORD 00816

Temp Date Time 210L

Air Blank: 01/22/14 12:30 .000

Calibration Check: 24 01/22/14 12:30 .002

Subject Name

Maintenance

Subject I.D.

Operator Name, I.D.

G. Edwards 230286

Location

2111 County DR.

Columbia

AS IV Serial no: 102470
Version no: 004C

TEST RECORD 00817

Temp Date Time 210L

Air Blank: 01/22/14 12:32 .000

Calibration Check: 24 01/22/14 12:32 .002

Subject Name

Maintenance

Subject I.D.

Operator Name, I.D.

G. Edwards 230286

Location

2111 County DR.

Columbia

AS IV Serial no: 102470
Version no: 004C

TEST RECORD 00818

Temp Date Time 210L

Void: RFI 12 01/22/14 12:32

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

2

**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 580-0771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (PS-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

