



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

RECEIVED
 By Carol Day at 11:28 am, Dec 09, 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 105447	PRINTER SN 099.3586.790	DATE OF INSPECTION 12/02/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 231 S Main Carthage		TIME OF INSPECTION 3:00 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

<input type="checkbox"/> SIMULATOR SOLUTION	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>Intoximeter</u>	LOT # <u>AG420204</u> EXP. DATE <u>03/21/2016</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)
- 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 .082	TEST 2 .079	TEST 3 .079
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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)	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 	PRINT NAME John Hicks
TYPE II PERMIT NUMBER/EXPIRATION DATE 230162 08-14-2014	TELEPHONE NUMBER (417) 358-8177

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 IU Serial no: 105447
Version no: 532B

TEST RECORD 00379

Temp Date Time 210L
s/

VOID: RFI
12 12/02/14 15:11

Subject Name

Acc Check

Subject I.D.

John Hinks

Operator Name, I.D.

230/62 8/14/2014

Location

231 Simon

CAVME no

64571

AS IU Serial no: 105447
Version no: 532B

TEST RECORD 00379

Temp Date Time 210L
s/

Air Blank:

12/02/14 15:06 .000

Subject Test: Man

22 12/02/14 15:06 .079

Subject Name

Acc Check

Subject I.D.

John Hinks

Operator Name, I.D.

230/62 8/14/2014

Location

John Hinks

231 Simon

CAVME no
64536

AS IU Serial no: 105447
Version no: 532B

TEST RECORD 00376

Temp Date Time 210L
s/

Air Blank:

12/02/14 15:03 .000

Subject Test: Man

21 12/02/14 15:03 .082

Subject Name

Acc Check

Subject I.D.

John Hinks

Operator Name, I.D.

230/62 8/14/2014

Location

231 Simon

CAVME no
64572

AS IU Serial no: 105447
Version no: 532B

TEST RECORD 00374

Temp Date Time 210L
s/

Air Blank:

12/02/14 15:00 .000

Subject Test: Man

21 12/02/14 15:00 .078

Subject Name

Acc Check

Subject I.D.

John Hinks

Operator Name, I.D.

230/62 8/14/2014

Location

231 Simon

CAVME no
64532