



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

RECEIVED
 By Carol Day at 1:23 pm, Jul 30, 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 107983	PRINTER SN 099.3586.802	DATE OF INSPECTION 07/30/2014
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LOCATION OF INSTRUMENT (STREET AND CITY) SOUTH WATER STREET LIBERTY	TIME OF INSPECTION 0:40 am
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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

SIMULATOR SOLUTION COMPRESSED ETHANOL-GAS MIXTURE

STANDARD SUPPLIER INTOXIMETERS LOT # AG407801 EXP. DATE 03/19/2016

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 ➡ 0.099

TEST 2 ➡ 0.101

TEST 3 ➡ 0.099

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).

Replaced 9 volt battery

INSPECTING OFFICER

SIGNATURE

PRINT NAME
Chad Wilderdyke

TYPE II PERMIT NUMBER/EXPIRATION DATE
240221 / 04-30-2016

TELEPHONE NUMBER
(816) 407-3700

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: 107983
Version no: 532B

TEST RECORD 00300

Temp Date Time ^{s/} 210L

Air Blank:
07/30/14 00:46 .000
Subject Test: Man
22 07/30/14 00:46 .101

Subject Name

TEST # 2

Subject I.D.

Wilderdzke 8170

Operator Name, I.D.

Location

CCSD

AS IV Serial no: 107983
Version no: 532B

TEST RECORD 00299

Temp Date Time ^{s/} 210L

Air Blank:
07/30/14 00:44 .000
Subject Test: Man
22 07/30/14 00:44 .099

Subject Name

TEST # 1

Subject I.D.

Wilderdzke 8170

Operator Name, I.D.

Location

CCSD

AS IV Serial no: 107983
Version no: 532B

TEST RECORD 00302

Temp Date Time ^{s/} 210L

VOID: RFI
12 07/30/14 00:51

Subject Name

RFL

Subject I.D.

Wilderdzke 8170 #

Operator Name, I.D.

Location

AS IV Serial no: 107983
Version no: 532B

TEST RECORD 00301

Temp Date Time ^{s/} 210L

Air Blank:
07/30/14 00:48 .000
Subject Test: Man
23 07/30/14 00:48 .099

Subject Name

TEST # 3

Subject I.D.

Wilderdzke 8170

Operator Name, I.D.

Location



STATE OF MISSOURI
 DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BREATH ALCOHOL PROGRAM

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PERMIT
TYPE II
CHAD A WILDERDYKE

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, INTOX EC/IR II

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 4/30/2014

NUMBER 240221

EXPIRES 4/30/2016

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

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 **WILDERDYKE, CHAD**
 Permit No **240221**
 Date Issued **4/30/2014** Date Expires **4/30/2016**