



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

RECEIVED
 By Carol Day at 4:00 pm, Nov 19, 2014 #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 107994 | PRINTER SN 05A.3211.243 | DATE OF INSPECTION 11/18/2014 |
|-----------------------------|----------------------------|----------------------------------|

| | |
|--|--------------------------------|
| LOCATION OF INSTRUMENT (STREET AND CITY) 2111 County Drive Columbia | TIME OF INSPECTION 11:09 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>Intoximeters</u> | LOT # <u>AG412701</u> EXP. DATE <u>05/07/2016</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)

| |
|---|
| <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 .076 | TEST 2 .076 | TEST 3 .076 |
|--------------|--------------|--------------|

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) | 0 | (.05-.09) | 1 | (.10-.14) | 5 | (.15-.19) | 0 | (OVER .19) | 0 |
|----------|---|---------|---|-----------|---|-----------|---|-----------|---|------------|---|

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).

(Empty space for listing parts and alterations)

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 10 Serial no: 107994
Version no: 532B

TEST RECORD 00071

Temp Date Time 210L %/
Air Blank: 11/18/14 23:09 .000
Calibration Check: 28 11/18/14 23:09 .076

Subject Name
Maintenance
Subject I.D.

Operator Name: I.D.

G. Edwards 230286

Location

2111 County Dr

Columbia

AS 10 Serial no: 107994
Version no: 532B

TEST RECORD 00072

Temp Date Time 210L %/
Air Blank: 11/18/14 23:11 .000
Calibration Check: 28 11/18/14 23:11 .076

Subject Name
Maintenance
Subject I.D.

Operator Name: I.D.

G. Edwards 230286

Location

2111 County Dr

Columbia

AS 10 Serial no: 107994
Version no: 532B

TEST RECORD 00073

Temp Date Time 210L %/
Air Blank: 11/18/14 23:12 .000
Calibration Check: 28 11/18/14 23:12 .076

Subject Name
Maintenance
Subject I.D.

Operator Name: I.D.

G. Edwards 230286

Location

2111 County Dr

Columbia

AS 10 Serial no: 107994
Version no: 532B

TEST RECORD 00074

Temp Date Time 210L %/
VOID: RFI
12 11/18/14 23:13

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 560-0771 (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

