



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

RECEIVED

REPORT #7

By Carol Day at 9:31 am, Apr 22, 2015

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 030798	PRINTER SN 91.9821.035	DATE OF INSPECTION 4-21-15
LOCATION OF INSTRUMENT (STREET AND CITY) 301 N. 2nd St. St. Charles		TIME OF INSPECTION 0855

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.

<input checked="" type="checkbox"/> DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)	passed
<input checked="" type="checkbox"/> TEMPERATURE OF ALCO SENSOR (10°C - 40°C)	23° C
<input checked="" type="checkbox"/> PRINTER WORKING PROPERLY	passed
<input checked="" type="checkbox"/> TIME AND DATE DISPLAYING PROPERLY	0859 4-21-15

BREATH ALCOHOL ACCURACY STANDARDS

<input type="checkbox"/> SIMULATOR SOLUTION	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER Intoximeter	LOT # AG402703 EXP. DATE 1-27-16
<input type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C)	SIMULATOR SN _____ SIMULATOR EXP DATE _____
<input checked="" type="checkbox"/> 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 • .077	TEST 2 • .077	TEST 3 • .077
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RFI DETECTOR OPERATING **passed**

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) 2	(.10-.14) 1	(.15-.19) 1	(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 <i>Michael C. Hoefle</i>	PRINT NAME Michael C. Hoefle
TYPE II PERMIT NUMBER/EXPIRATION DATE 240296 7-15-16	TELEPHONE NUMBER 636-949-3000

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



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



**PERMIT
 TYPE II**

MICHAEL C HOEFLE

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

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 7/15/2014

NUMBER 240296

EXPIRES 7/15/2016

MO 580-0771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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 HOEFLE, MICHAEL
 Permit No 240296
 Date Issued 7/15/2014 Date Expires 7/15/2016

HS IV Serial no: 000798
Version no: 502B

TEST RECORD 00090

Temp Date Time 2101

Air Blank: 04/21/15 09:00 .000

Calibration Check: 24 04/21/15 09:00 .077

Subject I.D.

Operator Name, I.D.
Hockle 570

Location
DCC

HS IV Serial no: 000798
Version no: 502B

TEST RECORD 00091

Temp Date Time 2101

Air Blank: 04/21/15 09:02 .000

Calibration Check: 24 04/21/15 09:02 .077

Subject Name

Subject I.D.

Operator Name, I.D.
Hockle 570

Location
DCC

HS IV Serial no: 000798
Version no: 502B

TEST RECORD 00092

Temp Date Time 2101

Air Blank: 04/21/15 09:04 .000

Calibration Check: 25 04/21/15 09:04 .077

Subject I.D.

Subject I.D.

Operator Name, I.D.
Hockle 570

Location
DCC

HS IV Serial no: 000798
Version no: 502B

TEST RECORD 00093

Temp Date Time 2101

VOID: RFI 12 04/21/15 09:05

Subject Name

Subject I.D.

Operator Name, I.D.
Hockle 570

Location
DCC