



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

REPORT #7

RECEIVED
 check, and whenever instrument is repaired.
 By Carol Day at 11:15 am, Jul 20, 2015

Complete this report in duplicate at the time of the regular monthly preventative maintenance. Send copy to Department of Health and Senior Services; retain original in department file.

ALCO SENSOR IV SN 087961	PRINTER SN 08C3556198	DATE OF INSPECTION 07/15/2015
LOCATION OF INSTRUMENT (STREET AND CITY) 231 S Main Carthage		TIME OF INSPECTION 2:04 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

SIMULATOR SOLUTION COMPRESSED ETHANOL-GAS MIXTURE

STANDARD SUPPLIER Intoximeters _____ LOT # AG426004 _____ EXP. DATE 09/17/2016

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 ← .077

TEST 2 ← .077

TEST 3 ← .077

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
----------	---	---------	---	-----------	---	-----------	---	-----------	---	------------	---

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).

new instrument from safety center. operating within MODHSS standards

INSPECTING OFFICER

SIGNATURE 	PRINT NAME Tim Wilson
TYPE II PERMIT NUMBER/EXPIRATION DATE 230172 08-14-2015	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



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

2

**PERMIT
TYPE II**

TIM WILSON

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

DATAMASTER, INTOXILYZER 8000, ALCO-SENSOR IV W/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 8/14/2013

NUMBER 230172

EXPIRES 8/14/2015

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

acting director

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 WILSON, TIM
Permit No 230172
Date Issued 8/14/2013 Date Expires 8/14/2015

#2 =

AS IV Serial no: 087961
Version no: 532B

TEST RECORD 00022

Temp Date Time 210L

VOID: RFI
12 07/15/15 14:26

Subject Name

Tim Wilson

Subject I.D.

230172

Operator Name, I.D.

Location

TEST RECORD 00019

Temp Date Time 210L

Air Blank:
07/15/15 14:22 .000
Subject Test: Man
24 07/15/15 14:22 .077

Subject Name

Tim Wilson

Subject I.D.

230172

Operator Name, I.D.

Location

JCSO

TEST RECORD 00021

Temp Date Time 210L

Air Blank:
07/15/15 14:25 .000
Subject Test: Man
25 07/15/15 14:25 .077

Subject Name

Tim Wilson

Subject I.D.

230172

Operator Name, I.D.

Location

#1 =

AS IV Serial no: 087961
Version no: 532B

TEST RECORD 00020

Temp Date Time 210L

Air Blank:
07/15/15 14:23 .000
Subject Test: Man
24 07/15/15 14:23 .077

Subject Name

Tim Wilson

Subject I.D.

230172

Operator Name, I.D.

Location