



RECEIVED

By Ellen Strawsine at 4:01 pm, Dec 22, 2015

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

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 087969 | PRINTER SN 08C.3527.186 | DATE OF INSPECTION 12/22/2015 |
| LOCATION OF INSTRUMENT (STREET AND CITY) 107 West Main Street, Smithville | | TIME OF INSPECTION 5:58 am |

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 # AG418901 EXP. DATE 07/08/2016

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 .102

TEST 2 .101

TEST 3 .101

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) | 1 | (.10-.14) | 1 | (.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).

SIGNATURE

PRINT NAME
Ralph Wheeler

TYPE IL PERMIT NUMBER/EXPIRATION DATE
250204 08/31/2017

TELEPHONE NUMBER
(816) 532-0500

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: 087969
Version no: 004C

TEST RECORD 01231

Temp Date Time ^{s/} 210L

Air Blank:
12/22/15 05:58 .000
Calibration Check:
24 12/22/15 05:58 .102

Subject Name

Monthly Maintenance
Subject I.D.

Operator Name, I.D.

Ralph Wheeler 250204

Location

Smithville PD

AS IV Serial no: 087969
Version no: 004C

TEST RECORD 01232

Temp Date Time ^{s/} 210L

Air Blank:
12/22/15 05:59 .000
Calibration Check:
25 12/22/15 05:59 .101

Subject Name

Monthly Maintenance
Subject I.D.

Operator Name, I.D.

Ralph Wheeler 250204

Location

Smithville PD

AS IV Serial no: 087969
Version no: 004C

TEST RECORD 01233

Temp Date Time ^{s/} 210L

Air Blank:
12/22/15 06:01 .000
Calibration Check:
25 12/22/15 06:01 .101

Subject Name

Monthly Maintenance
Subject I.D.

Operator Name, I.D.

Ralph Wheeler 250204

Location

Smithville PD

AS IV Serial no: 087969
Version no: 004C

TEST RECORD 01234

Temp Date Time ^{s/} 210L

Void: RFI
12 12/22/15 06:02

Subject Name

Monthly Maintenance

Subject I.D.

Operator Name, I.D.

Ralph Wheeler 250204

Location

Smithville PD



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



**PERMIT
 TYPE II**

RALPH WHEELER

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 8/31/2015

NUMBER 250204

EXPIRES 8/31/2017

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 WHEELER, RALPH
 Permit No 250204
 Date Issued 8/31/2015 Date Expires 8/31/2017