



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

RECEIVED
 By Carol Day at 11:39 am, Apr 29, 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 <u>100287</u>	PRINTER SN <u>84.9324.160</u>	DATE OF INSPECTION <u>4-22-15</u>
LOCATION OF INSTRUMENT (STREET AND CITY) <u>401 S. Main St. Archie</u>		TIME OF INSPECTION <u>1400</u>

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 type="checkbox"/> STANDARD SUPPLIER <u>Falckmeter</u>	LOT # <u>A6409203</u> EXP. DATE <u>4-2-16</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)
- 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 • <u>.098</u>	TEST 2 • <u>.098</u>	TEST 3 • <u>.098</u>
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- 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 <u>0</u>	(0-.04) <u>0</u>	(.05-.09) <u>0</u>	(.10-.14) <u>0</u>	(.15-.19) <u>0</u>	(OVER .19) <u>0</u>
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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 <u>[Signature]</u>	PRINT NAME <u>Brian W. Koehn</u>
TYPE II PERMIT NUMBER/EXPIRATION DATE <u>210425 / 12-4-16</u>	TELEPHONE NUMBER <u>816-430-5242</u>

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: 100287
Version no: 532B

TEST RECORD 00083
Temp Date Time 210L

Air Blank:
04/22/15 14:22 .000
Calibration Check:
24 04/22/15 14:22 .098

Subject Name

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 100287
Version no: 532B

TEST RECORD 00082
Temp Date Time 210L

Air Blank:
04/22/15 14:21 .000
Calibration Check:
24 04/22/15 14:21 .098

Subject Name

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 100287
Version no: 532B

TEST RECORD 00081
Temp Date Time 210L

VOID: RFI
12 04/22/15 14:19

Subject Name

Subject I.D.

Operator Name, I.D.

Location

#3

AS IV Serial no: 100287
Version no: 532B

TEST RECORD 00084
Temp Date Time 210L

Air Blank:
04/22/15 14:24 .000
Calibration Check:
25 04/22/15 14:24 .098

Subject Name

Subject I.D.

Operator Name, I.D.

Location