MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

RECEIVED
By Carol Day at 10:32 am, Jun 12, 2015

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	PRINTER SN	DATE OF INSPECTION
100287	84.9324.160	5-29-15
LOCATION OF INSTRUMENT (STREET AND CITY) 401 S. Main St. Archie		TIME OF INSPECTION 1400

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.

- [x] DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)
- [x] TEMPERATURE OF ALCO SENSOR (10°C - 40°C)
- [x] PRINTER WORKING PROPERLY
- [x] TIME AND DATE DISPLAYING PROPERLY

BREATH ALCOHOL ACCURACY STANDARDS

- [ ] SIMULATOR SOLUTION
- [x] COMPRESSED ETHANOL-GAS MIXTURE

- [x] STANDARD SUPPLIER Intoximeter LOT # AG409203 EXP. DATE 4-2-16

- [ ] SIMULATOR TEMPERATURE (34°C ± 0.2°C) _____ SIMULATOR SN _____ SIMULATOR EXP DATE _____

- [x] 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)
  - [x] 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	TEST 2	TEST 3
.099	.098	.097

- [x] 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-.04)	(.05-.09)	(.10-.14)	(.15-.19)	(OVER .19)
Ø	Ø	Ø	Ø	Ø	Ø

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	PRINT NAME
[signature]	Brian Koehn
TYPE II PERMIT NUMBER/EXPIRATION DATE 240425 / 12-4-16	TELEPHONE NUMBER 816-430-5242

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

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER
services provided on a nondiscriminatory basis

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

2

PERMIT
TYPE II

BRIAN W KOEHN

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 12/4/2014

NUMBER 240425

EXPIRES 12/4/2016

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Gail Vasterling ,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 KOEHN, BRIAN
Permit No 240425
Date Issued 12/4/2014 **Date Expires** 12/4/2016

AS IV Serial no: 100287
Version no: 532B

TEST RECORD 00087

Temp	Date	Time	g/ 210L
Air Blank:			
	05/29/15	13:34	.000
Calibration Check:			
24	05/29/15	13:34	.097

Subject Name

Subject I.D.

100

Operator Name, I.D.

401 S. Main St.

Location

AS IV Serial no: 100287
Version no: 532B

TEST RECORD 00086

Temp	Date	Time	g/ 210L
Air Blank:			
	05/29/15	13:32	.000
Calibration Check:			
23	05/29/15	13:32	.098

Subject Name

Subject I.D.

100

Operator Name, I.D.

401 S. Main St

Location

AS IV Serial no: 100287
Version no: 532B

TEST RECORD 00085

Temp	Date	Time	g/ 210L
Air Blank:			
	05/29/15	13:30	.000
Calibration Check:			
22	05/29/15	13:30	.099

Subject Name

Subject I.D.

100

Operator Name, I.D.

401 S. Main St.

Location

RFI

AS IV Serial no: 100287
Version no: 532B

TEST RECORD 00088

Temp	Date	Time	g/ 210L
VOID: RFI			
12	05/29/15	13:40	

Subject Name

Subject I.D.

100

Operator Name, I.D.

401 S. Main St.

Location