



RECEIVED
By Carol Day at 3:14 pm, Aug 11, 2015



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY
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 104293	PRINTER SN 09B.3590.034	DATE OF INSPECTION 08/05/15
LOCATION OF INSTRUMENT (STREET AND CITY) 7010 N HOLMES GLADSTONE		TIME OF INSPECTION 1140

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 **INTOXIMETER** LOT # **AG421804** EXP. DATE **06 AUG 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 = .082	TEST 2 = .082	TEST 3 = .081
----------------------	----------------------	----------------------

- 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) 1	(.05-.09) 1	(.10-.14) 1	(.15-.19) 2	(OVER .19) 1
-------------------	------------------	--------------------	--------------------	--------------------	---------------------

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>Terrill Allen</i>	PRINT NAME TERRILL ALLEN
TYPE II PERMIT NUMBER/EXPIRATION DATE 240341 9/22/2016	TELEPHONE NUMBER (816) 436 3550

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 IU Serial no: 104293
Version no: 532B

TEST RECORD 00341

Temp Rate Time ^{s/} 210L

Air Blank:
08/05/15 11:43 .000
Calibration Check:
22 08/05/15 11:43 .002

Subject Name

Subject I.D.

Operator Name, I.D.

J. Collier 8565

Location

AS IU Serial no: 104293
Version no: 532B

TEST RECORD 00342

Temp Rate Time ^{s/} 210L

Air Blank:
08/05/15 11:45 .000
Calibration Check:
23 08/05/15 11:45 .002

Subject Name

Subject I.D.

Operator Name, I.D.

J. Collier 8565

Location

AS IU Serial no: 104293
Version no: 532B

TEST RECORD 00343

Temp Rate Time ^{s/} 210L

Air Blank:
08/05/15 11:47 .000
Calibration Check:
24 08/05/15 11:47 .001

Subject Name

Subject I.D.

Operator Name, I.D.

J. Collier 8565

Location

AS IU Serial no: 104293
Version no: 532B

TEST RECORD 00344

Temp Rate Time ^{s/} 210L

VOID: RFI
12 08/05/15 11:48

Subject Name

Subject I.D.

Operator Name, I.D.

J. Collier 8565

Location



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

2

**PERMIT
 TYPE II**

TERRILL D ALLEN

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 9/22/2014

NUMBER 240341

EXPIRES 9/22/2016

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 590-0771 (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 ALLEN, TERRILL
 Permit No 240341
 Date Issued 9/22/2014 Date Expires 9/22/2016