



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

REPORT #7

RECEIVED
 By Carol Day at 1:48 pm, Jun 11, 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 105443	PRINTER SN 099.3586.172	DATE OF INSPECTION 06/08/2015
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LOCATION OF INSTRUMENT (STREET AND CITY) 100 Municipal Cir. Raymore	TIME OF INSPECTION 3:26 am
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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) 23°C

PRINTER WORKING PROPERLY

TIME AND DATE DISPLAYING PROPERLY

BREATH ALCOHOL ACCURACY STANDARDS

SIMULATOR SOLUTION COMPRESSED ETHANOL-GAS MIXTURE

STANDARD SUPPLIER Intoximeters LOT # AG428002 EXP. DATE 10/07/2016

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 • .097

TEST 2 • .096

TEST 3 • .096

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
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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 <i>Joshua Giacone #914</i>	PRINT NAME Joshua Giacone
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TYPE & PERMIT NUMBER/EXPIRATION DATE 240201 04/30/2016	TELEPHONE NUMBER (816) 331-0530
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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: 105443
Version no: 532B

TEST RECORD 00422

Temp Date Time 210L
s/

Air Blank:
06/08/15 03:26 .000
Calibration Check:
22 06/08/15 03:26 .097

Subject Name

Maintenance

Subject I.D.

J. Giaccone #99

Operator Name, I.D.

Raymore P.D.

Location

AS IV Serial no: 105443
Version no: 532B

TEST RECORD 00423

Temp Date Time 210L
s/

Air Blank:
06/08/15 03:28 .000
Calibration Check:
23 06/08/15 03:28 .096

Subject Name

Maintenance

Subject I.D.

J. Giaccone #99

Operator Name, I.D.

Raymore P.D.

Location

AS IV Serial no: 105443
Version no: 532B

TEST RECORD 00424

Temp Date Time 210L
s/

Air Blank:
06/08/15 03:30 .000
Calibration Check:
23 06/08/15 03:30 .096

Subject Name

Maintenance

Subject I.D.

J. Giaccone #99

Operator Name, I.D.

Raymore P.D.

Location

AS IV Serial no: 105443
Version no: 532B

TEST RECORD 00425

Temp Date Time 210L
s/

VOID: RFI
12 06/08/15 03:32

Subject Name

Maintenance

Subject I.D.

J. Giaccone #99

Operator Name, I.D.

Raymore P.D.

Location