



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 send copy to Department of Health and Senior Services; retain original in department file.

RECEIVED Instrument is repaired.
 By Carol Day at 1:51 pm, Aug 31, 2015

ALCO SENSOR IV SN 105447	PRINTER SN 099.3586.790	DATE OF INSPECTION 08/24/2015
LOCATION OF INSTRUMENT (STREET AND CITY) 231 S Main Carthage		TIME OF INSPECTION 10:08 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 # AG426004 EXP. DATE 09/17/2016

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 .083 TEST 2 .083 TEST 3 .083

- 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).
 operating within MODHS standards

INSPECTING OFFICER	
SIGNATURE	PRINT NAME John Hicks
TYPE II PERMIT NUMBER/EXPIRATION DATE 250180 08-10-2017	TELEPHONE NUMBER (417) 358-8177

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: 165447
Version no: 532B

TEST RECORD 00443

Temp Date Time ^{9/} 210L

VOID: RFI
12 08/24/15 10:53

Subject Name
Acc Check

Subject I.D.
John Hicks

Operator Name, I.D.
250180 8/12/2017

Location
231 Sman

CARTRIDGE

AS IV Serial no: 165447
Version no: 532B

TEST RECORD 00441

Temp Date Time ^{9/} 210L

Air Blank:
08/24/15 10:51 .000
Subject Test: Man
23 08/24/15 10:51 .083

Subject Name
Acc Check

Subject I.D.
John Hicks

Operator Name, I.D.
250180 8/12/2017

Location
231 Sman

CARTRIDGE

AS IV Serial no: 165447
Version no: 532B

TEST RECORD 00442

Temp Date Time ^{9/} 210L

Air Blank:
08/24/15 10:52 .000
Subject Test: Man
23 08/24/15 10:52 .083

Subject Name
RFI

Subject I.D.
John Hicks

Operator Name, I.D.
250180 8/12/2017

Location
231 Sman

CARTRIDGE

AS IV Serial no: 165447
Version no: 532B

TEST RECORD 00440

Temp Date Time ^{9/} 210L

Air Blank:
08/24/15 10:49 .000
Subject Test: Man
23 08/24/15 10:49 .083

Subject Name

Acc Check

Subject I.D.

John Hicks

Operator Name, I.D.

250180 8/12/2017

Location

231 Sman

CARTRIDGE



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

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PERMIT
TYPE II
JOHN HICKS

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, INTOXILYZER 8000

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 8/10/2015

NUMBER 250180

EXPIRES 8/10/2017

MO 580-0771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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 HICKS, JOHN
Permit No 250180
Date issued 8/10/2015 Date Expires 8/10/2017