



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 12:15 pm, Oct 05, 2015

Complete this report in duplicate at the time of the regular monthly preventive maintenance check, and whenever instrument is repaired. Send copy to Department of Health and Senior Services; retain original in depository.

ALCO SENSOR IV SN 107980	PRINTER SN 099.3586.795	DATE OF INSPECTION 09/29/2015
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LOCATION OF INSTRUMENT (STREET AND CITY) Franklin County Sheriffs Office, #1 Bruns Ln. Union MO 63084	TIME OF INSPECTION 2:42 pm
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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)
- PRINTER WORKING PROPERLY
- TIME AND DATE DISPLAYING PROPERLY

BREATH ALCOHOL ACCURACY STANDARDS

- SIMULATOR SOLUTION COMPRESSED ETHANOL-GAS MIXTURE
- STANDARD SUPPLIER INTOXIMETERS LOT # AG423201 EXP. DATE 08/20/2016
- 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 .099	TEST 2 .097	TEST 3 .096
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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	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).

In service check

INSPECTING OFFICER

SIGNATURE 	PRINT NAME Cpl. M. Richardson 1271
TYPE II PERMIT NUMBER/EXPIRATION DATE 240127 04/03/2016	TELEPHONE NUMBER (636) 583-2560

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: 107980
Version no: 532B

TEST RECORD - REPRINT

TEST RECORD 00094

Temp Date Time ^{s/} 210L

Air Blank:
09/29/15 14:42 .000
Calibration Check:
20 09/29/15 14:42 .099

Subject Name

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 107980
Version no: 532B

TEST RECORD 00095

Temp Date Time ^{s/} 210L

Air Blank:
09/29/15 14:47 .000
Calibration Check:
21 09/29/15 14:47 .097

Subject Name

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 107980
Version no: 532B

TEST RECORD 00096

Temp Date Time ^{s/} 210L

Air Blank:
09/29/15 14:49 .000
Calibration Check:
22 09/29/15 14:49 .096

Subject Name

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 107980
Version no: 532B

TEST RECORD 00097

Temp Date Time ^{s/} 210L

VOID: RFI
12 09/29/15 14:50

Subject Name

Subject I.D.

Operator Name, I.D.

Location