



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
STATE PUBLIC HEALTH LABORATORY

**ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT**

**RECEIVED**

REPORT #7

By Carol Day at 12:24 pm, Nov 05, 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 107989	PRINTER SN 099.3586.794	DATE OF INSPECTION 10/27/2015
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LOCATION OF INSTRUMENT (STREET AND CITY) 1700 US Hwy 67 Florissant Missouri 63031	TIME OF INSPECTION 12:43 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**

<input type="checkbox"/> SIMULATOR SOLUTION	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>INTOXIMETERES</u> LOT # <u>AG332301</u> EXP. DATE <u>11/19/2015</u>	
<input type="checkbox"/> 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 ← .099	TEST 3 ← .099
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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-.04)	(.05-.09)	(.10-.14)	(.15-.19)	(OVER .19)
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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).

Instrument was repaired by Intoximeters (see attached). Instrument was then re-calibrated. Instrument working within D.O.H. guidelines.

**INSPECTING OFFICER**

SIGNATURE 	PRINT NAME Howard, Daniel 575
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TYPE II PERMIT NUMBER/EXPIRATION DATE 250052 / 02/20/2017	TELEPHONE NUMBER (314) 837-7000
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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: 107989  
Version no: 532B

TEST RECORD 00116  
Temp Date Time 210L  
s/

Air Blank:  
10/27/15 12:43 .000  
Calibration Check:  
24 10/27/15 12:43 .099

Subject Name  
Maintenance  
Subject I.D.

Operator Name, I.D.  
PO K OSA  
Location  
1700 N. Hwy 67

AS IV Serial no: 107989  
Version no: 532B

TEST RECORD 00117  
Temp Date Time 210L  
s/

Air Blank:  
10/27/15 12:45 .000  
Calibration Check:  
24 10/27/15 12:45 .099

Subject Name  
Maintenance  
Subject I.D.

Operator Name, I.D.  
PO K OSA  
Location  
1700 N. Hwy 67

AS IV Serial no: 107989  
Version no: 532B

TEST RECORD 00118  
Temp Date Time 210L  
s/

Air Blank:  
10/27/15 12:46 .000  
Calibration Check:  
24 10/27/15 12:46 .099

Subject Name  
Maintenance  
Subject I.D.

Operator Name, I.D.  
PO K OSA  
Location  
1700 N. Hwy 67

AS IV Serial no: 107989  
Version no: 532B

TEST RECORD 00119  
Temp Date Time 210L  
s/

VOID: RFI  
12 10/27/15 12:48

Subject Name  
Maintenance  
Subject I.D.

Operator Name, I.D.  
PO K OSA  
Location  
1700 N. Hwy 67

AS IV Serial no: 107989  
Version no: 532B

TEST RECORD 00120  
Temp Date Time 210L  
s/

Air Blank:  
10/27/15 12:49 .000  
Subject Test: Auto  
24 10/27/15 12:49 .000

Subject Name  
Maintenance  
Subject I.D.

Operator Name, I.D.  
PO K OSA  
Location  
1700 N. Hwy 67





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

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**PERMIT**  
**TYPE II**  
**DANIEL HOWARD**

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, INTOX EC/IR II**

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 2/20/2015

NUMBER 250052

EXPIRES 2/20/2017

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

,acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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 HOWARD, DANIEL  
 Permit No 250052  
 Date Issued 2/20/2015 Date Expires 2/20/2017

# SRO Work Order Report

**Intoximeters**  
Experience • Service • Integrity

10/26/2015 12:31:03 PM

**SRO:** SRO-011947



**Description:** ASIVM Repair

**SRO Type:** REPAIR

**Customer:** C000MOFLO0

**Ship Via:** FDX

**Phone:** 314-831-7000

**Del Terms:** GND

**Contact:** Daniel Howard

**FOB:** ORIGIN

**Ship To:** 1

**Cust PO:** 10202015-Howard

**Ship to Address**

**Customer Ship Account:**

Florissant Police  
1700 N. Hwy 67  
Florissant MO 63033  
USA

**Description:** ASIVCM (F47-33/F352-04) MISSOURI

**Unit:** 14107989

**Line:** 1

**Item:** 14-0190-90

**Qty:** 1.00

**UM:** EA

**Operation:** 10 **Operation Code:** REPAIR Repair

**General Reason:** A4 Func ASIV Functional **Specific Reason:** Auto Sam Unit not auto sampling

Customer Reported Issue: Instrument will not take sample

**General Resolution:** Replaced Unit not auto sampling **Specific Resolution:** RPL Unit not auto sampling  
comp

Void 4  
Replaced faulty C15.  
Instrument calibrated to factory specifications.

Parts	Seq	Qty	UM	Item	Description
	1	1.00	EA	27-1220-00	ELEC CAP 3300UF ELC RD.200 20% 6.3V