



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

RECEIVED

By Carol Day at 10:06 am, Nov 20, 2015

Complete this report in duplicate at the time of the regular monthly preventive maintenance. 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 11/19/2015
LOCATION OF INSTRUMENT (STREET AND CITY) 1700 US Hwy. 67 Florissant Missouri 63031		TIME OF INSPECTION 6:44 pm

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 # AG524301 EXP. DATE 08/31/2017
- 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 \Rightarrow .099	TEST 2 \Rightarrow .099	TEST 3 \Rightarrow .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	(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).

New tank was introduced. Instrument was re-calibrated. Instrument working within D.O.H. guidelines.

INSPECTING OFFICER

SIGNATURE <i>Steven Michael</i>	PRINT NAME Steven Michael
TYPE II PERMIT NUMBER/EXPIRATION DATE 250054 2/20/2017	TELEPHONE NUMBER (314) 831-7000

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: 187989
Version no: 532B

TEST RECORD 00164

Temp Date Time ^{s/} 210L

Air Blank:
11/19/15 18:44 .000
Calibration Check:
24 11/19/15 18:44 .099

Subject Name

Maint.

Subject I.D.

578

Operator Name, I.D.

Michael

Location

1700 US 67 Florissant MO
63031

AS IV Serial no: 187989
Version no: 532B

TEST RECORD 00165

Temp Date Time ^{s/} 210L

Air Blank:
11/19/15 18:45 .000
Calibration Check:
24 11/19/15 18:45 .099

Subject Name

Maint.

Subject I.D.

578

Operator Name, I.D.

Michael 578

Location

1700 US 67 Florissant MO
63031

AS IV Serial no: 187989
Version no: 532B

TEST RECORD 00166

Temp Date Time ^{s/} 210L

Air Blank:
11/19/15 18:47 .000
Calibration Check:
24 11/19/15 18:47 .099

Subject Name

Maint.

Subject I.D.

578

Operator Name, I.D.

Michael

Location

1700 US 67 Florissant MO
63031

AS IV Serial no: 187989
Version no: 532B

TEST RECORD 00167

Temp Date Time ^{s/} 210L

VOID: RFI
12 11/19/15 18:48

Subject Name

Maint.

Subject I.D.

578

Operator Name, I.D.

Michael

Location

1700 US 67 Florissant MO
63031

AS IV Serial no: 187989
Version no: 532B

TEST RECORD 00168

Temp Date Time ^{s/} 210L

Air Blank:
11/19/15 18:50 .000
Subject Test: Auto
24 11/19/15 18:50 .000

Subject Name

Michael 578

Subject I.D.

578

Operator Name, I.D.

Michael

Location

1700 US 67

Florissant MO 63031



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

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PERMIT
TYPE II

STEVE MICHAEL

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 250054

EXPIRES 2/20/2017

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

,acting director
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (0-10)

LAB-4 (16-10)

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 MICHAEL, STEVE
Permit No 250054
Date Issued 2/20/2015 Date Expires 2/20/2017