



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

RECEIVED

REPORT 97

By Carol Day at 10:19 am, Sep 01, 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 department file.

ALCO SENSOR IV SN 108264	PRINTER SN 0.99.3586.827	DATE OF INSPECTION 08/31/2015
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LOCATION OF INSTRUMENT (STREET AND CITY) 315 S. Hudson, Buckner, MO 64016	TIME OF INSPECTION 7:43 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)
- PRINTER WORKING PROPERLY
- TIME AND DATE DISPLAYING PROPERLY

BREATH ALCOHOL ACCURACY STANDARDS

- SIMULATOR SOLUTION COMPRESSED ETHANOL-GAS MIXTURE

STANDARD SUPPLIER RepCo LOT # 14001 EXP. DATE 04/30/2016

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34 SIMULATOR SN 2757 SIMULATOR EXP DATE 02/26/2016

- 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 → .99	TEST 2 → 1.03	TEST 3 → 1.03
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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	1	(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).

INSPECTING OFFICER

SIGNATURE 	PRINT NAME Lauren Onka
TYPE II PERMIT NUMBER EXPIRATION DATE 240421	TELEPHONE NUMBER (816) 650-3939

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: 108264
Version no: 532B

TEST RECORD 00090
s/
Temp Date Time 210L

Air Blank:
08/31/15 08:14 .000
Subject Test: Auto
21 08/31/15 08:14 .103

Subject Name
Subject I.D.
Operator Name, I.D.
Location
main

AS IV Serial no: 108264
Version no: 532B

TEST RECORD 00089
s/
Temp Date Time 210L

Air Blank:
08/31/15 08:13 .000
Subject Test: Auto
21 08/31/15 08:13 .103

Subject Name
Subject I.D.
Operator Name, I.D.
Location
main

AS IV Serial no: 108264
Version no: 532B

TEST RECORD 00088
s/
Temp Date Time 210L

Air Blank:
08/31/15 07:42 .000
Subject Test: Auto
21 08/31/15 07:42 .099

Subject Name
Subject I.D.
Operator Name, I.D.
Location
main

AS IV Serial no: 108264
Version no: 532B

TEST RECORD 00087
s/
Temp Date Time 210L

Air Blank:
08/31/15 07:41 .000
Calibration Check:
20 08/31/15 07:41 .000

Subject Name
Subject I.D.
Operator Name, I.D.
Location
main

AS IV Serial no: 108264
Version no: 532B

TEST RECORD 00091

Temp Date Time 210L

UNIT: RFI
12 08/31/15 09:16

Subject Name
Subject I.D.
Operator Name, I.D.
Location
main

**CERTIFIED ETHANOL REFERENCE
SOLUTION FOR SIMULATOR**

<u>LOT NO.</u>	<u>BOY. NO.</u>	<u>BOT. VOL.</u>
14001	0677	500ml
<u>LOT VOL.</u>	<u>MFG. DATE</u>	<u>EXP. DATE</u>
780L	5-1-14	4-30-16

When this reference solution is used with a
breath simulator operating at $34^{\circ}\text{C} \pm .2^{\circ}$, a
properly operating instrument will read .100

For additional information contact

REPCO MARKETING INC.

3101-138 STONEYBROOK DRIVE, RALEIGH, NORTH CAROLINA 27804
TELEPHONE (919) 876-5460



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

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PERMIT
TYPE II

LAUREN R ONKA

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

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 11/24/2014

NUMBER 240421

EXPIRES 11/24/2016

MO 580-6771 (6-10)

[Signature]

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

[Signature]

acting director

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 from expired air in Missouri.

Operator ONKA, LAUREN
Permit No 240421
Date Issued 11/24/2014 Date Expires 11/24/2016