



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

**RECEIVED**  
 By Carol Day at 8:31 am, May 10, 2016

REPORT #7

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 030809	PRINTER SN 84.9324.042	DATE OF INSPECTION 05/09/2016
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LOCATION OF INSTRUMENT (STREET AND CITY) 2410 Goodale Avenue, Overland	TIME OF INSPECTION 10:29 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 Intoximeters, Inc. LOT # AG503702 EXP. DATE 02/06/2017
- 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 ➔ .102	TEST 2 ➔ .101	TEST 3 ➔ .100
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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).

**INSPECTING OFFICER**

SIGNATURE 	PRINT NAME Thomas M. Moore
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TYPE II PERMIT NUMBER/EXPIRATION DATE 250244 11/06/2017	TELEPHONE NUMBER (314) 428-1221
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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





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



**PERMIT**  
**TYPE II**  
**THOMAS M MOORE**

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 11/6/2015

NUMBER 250244

EXPIRES 11/6/2017

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

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 MOORE, THOMAS  
 Permit No 250244  
 Date Issued 11/6/2015 Date Expires 11/6/2017

AS IU Serial no: 0308809  
Version no: 532B

TEST RECORD 00419

Temp Date Time 210L

Air Blank: 05/09/16 10:31 .000  
Subject Test: Man 23 05/09/16 10:31 .101

Subject Name BAC MAINT  
Subject I.D.

Operator Name, I.D. Moore 554  
Location 2410 CROODALE

AS IU Serial no: 0308809  
Version no: 532B

TEST RECORD 00418

Temp Date Time 210L

Air Blank: 05/09/16 10:29 .000  
Calibration Check: 22 05/09/16 10:29 .102

Subject Name BAC MAINT  
Subject I.D.

Operator Name, I.D. Moore 554  
Location 2410 CROODALE

AS IU Serial no: 0308809  
Version no: 532B

TEST RECORD 00420

Temp Date Time 210L

Air Blank: 05/09/16 10:34 .000  
Subject Test: Man 24 05/09/16 10:34 .100

Subject Name BAC MAINT  
Subject I.D.

Operator Name, I.D. Moore 554  
Location 2410 CROODALE

AS IU Serial no: 0308809  
Version no: 532B

TEST RECORD 00421

Temp Date Time 210L

VOID: RPI 12 05/09/16 10:35

Subject Name BAC MAINT  
Subject I.D.

Operator Name, I.D. Moore 554  
Location 2410 CROODALE