



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

RECEIVED
 By Carol Day at 8:00 am, Jun 03, 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 06/03/2016
LOCATION OF INSTRUMENT (STREET AND CITY) 2410 Goodale Ave. Overland, MO 63114		TIME OF INSPECTION 2:10 am

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 ➡ .102
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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 PO Robby Ryan 585
TYPE II PERMIT NUMBER/EXPIRATION DATE 250257 / 11-11-2017	TELEPHONE NUMBER (314) 428-1221

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: 030809
Version no: 532B

TEST RECORD - REPRINT

TEST RECORD 00423

Temp Date Time 210L

Air Blank:
06/03/16 02:10 .000
Calibration Check:
23 06/03/16 02:10 .102

Subject Name
TEST # 1
Subject I.D.

Operator Name, I.D.
PO RYAN S85
Location
OPD JAIL

AS IV Serial no: 030809
Version no: 532B

TEST RECORD 00424

Temp Date Time 210L

Air Blank:
06/03/16 02:13 .000
Calibration Check:
24 06/03/16 02:13 .101

Subject Name
TEST # 2
Subject I.D.

Operator Name, I.D.
PO RYAN S85
Location
OPD JAIL

AS IV Serial no: 030809
Version no: 532B

TEST RECORD 00425

Temp Date Time 210L

Air Blank:
06/03/16 02:15 .000
Calibration Check:
25 06/03/16 02:15 .102

Subject Name
TEST # 3
Subject I.D.

Operator Name, I.D.
PO RYAN S85
Location
OPD JAIL

AS IV Serial no: 030809
Version no: 532B

TEST RECORD 00426

Temp Date Time 210L

VOID: RFI
12 06/03/16 02:16

Subject Name
RFI TEST
Subject I.D.

Operator Name, I.D.
PO RYAN S85
Location
OPD JAIL



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



PERMIT
TYPE II
ROBBY RYAN

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 11/11/2015

NUMBER 250257

EXPIRES 11/11/2017

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

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 form of expired air in Missouri.



Operator RYAN, ROBBY
Permit No 250257
Date Issued 11/11/2015 Date Expires 11/11/2017