



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

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 043579	PRINTER SN 91.9821.022	DATE OF INSPECTION 08/15/2016
LOCATION OF INSTRUMENT (STREET AND CITY) 301 N. 2nd. Street, St. Charles		TIME OF INSPECTION 7:26 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.

<input checked="" type="checkbox"/> DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)	PASSED
<input checked="" type="checkbox"/> TEMPERATURE OF ALCO SENSOR (10°C - 40°C)	26°c
<input checked="" type="checkbox"/> PRINTER WORKING PROPERLY	PASSED
<input checked="" type="checkbox"/> TIME AND DATE DISPLAYING PROPERLY	08/15/2016 0726 HRS

BREATH ALCOHOL ACCURACY STANDARDS

<input type="checkbox"/> SIMULATOR SOLUTION	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
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<input checked="" type="checkbox"/> STANDARD SUPPLIER Intoximeters, Inc.	LOT # AG525303	EXP. DATE 09/10/2017
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<input type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C)	SIMULATOR SN	SIMULATOR EXP DATE
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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)

<input type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE
<input checked="" type="checkbox"/> 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE
<input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE

TEST 1 • .078	TEST 2 • .078	TEST 3 • .078
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<input checked="" type="checkbox"/> RFI DETECTOR OPERATING	PASSED
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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)	1	(.10-.14)	1	(.15- .19)	2	(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 Officer Fournell, D. DSN 570
TYPE II PERMIT NUMBER/EXPIRATION DATE 260274 - 06/27/2018	TELEPHONE NUMBER (636) 949-3000

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**

DAVID FOURNELL

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 6/27/2016

NUMBER 260247

EXPIRES 6/27/2018

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 FURNELL, DAVID
 Permit No 260247
 Date Issued 6/27/2016 Date Expires 6/27/2018

AS IV Serial no: 043579
Version no: 532B

TEST RECORD 00221
Temp Date Time 210L
s/

Air Blank: 08/15/16 07:26 .000
Calibration Check: 26 08/15/16 07:26 .078

Subject Name
Subject I.D.
MONTHLY MAINTENANCE

Operator Name, I.D.
Location
Fournelle 260274
301 N. 2ND ST.

ST. CHARLES, MO

AS IV Serial no: 043579
Version no: 532B

TEST RECORD 00222
Temp Date Time 210L
s/

Air Blank: 08/15/16 07:29 .000
Calibration Check: 26 08/15/16 07:29 .078

Subject Name
Subject I.D.
MONTHLY MAINTENANCE

Operator Name, I.D.
Location
Fournelle 260274
301 N. 2ND ST

ST. CHARLES MO

AS IV Serial no: 043579
Version no: 532B

TEST RECORD 00223
Temp Date Time 210L
s/

Air Blank: 08/15/16 07:31 .000
Calibration Check: 27 08/15/16 07:31 .078

Subject Name
Subject I.D.
MONTHLY MAINTENANCE

Operator Name, I.D.
Location
Fournelle 260274
301 N. 2ND ST.

ST. CHARLES MO

AS IV Serial no: 043579
Version no: 532B

TEST RECORD 00224
Temp Date Time 210L
s/

VOID: RFI
12 08/15/16 07:33

Subject Name
Subject I.D.
MONTHLY MAINTENANCE

Operator Name, I.D.
Location
Fournelle 260274
301 N. 2ND ST.

ST. CHARLES MO