



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

**RECEIVED**

By Carol Day at 11:38 am, Mar 11, 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<br>070763  | PRINTER SN<br>08C.3556.249 | DATE OF INSPECTION<br>03/11/2016 |
| LOCATION OF INSTRUMENT (STREET AND CITY)<br>8 Municipal Dr. Park Hills |                            | TIME OF INSPECTION<br>10:47 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 LOT # AG528901 EXP. DATE 10/16/2017

SIMULATOR TEMPERATURE (34°C ± 0.2°C) N/A SIMULATOR SN N/A 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 ➡ .082 | TEST 2 ➡ .081 | TEST 3 ➡ .081 |
|---------------|---------------|---------------|

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 |
|----------|---|---------|---|-----------|---|-----------|---|-----------|---|------------|---|

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).

Machine operates within DOH Guidelines.

**INSPECTING OFFICER**

|               |                         |
|---------------|-------------------------|
| SIGNATURE<br> | PRINT NAME<br>D. Bowles |
|---------------|-------------------------|

|  |                                    |
|--|------------------------------------|
| TYPE II PERMIT NUMBER/EXPIRATION DATE<br>250320 12/28/2017 | TELEPHONE NUMBER<br>(573) 431-3122 |
|--|------------------------------------|

**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: 070763  
Version no: 532B

TEST RECORD 00396

Temp Date Time 210L

Air Blank:  
03/11/16 10:51 .000  
Calibration Check:  
23 03/11/16 10:51 .081

Subject Name

TEST 3

Subject I.D.

Operator Name, I.D.

Bowles

Location

PHPD

AS IV Serial no: 070763  
Version no: 532B

TEST RECORD 00395

Temp Date Time 210L

Air Blank:  
03/11/16 10:49 .000  
Calibration Check:  
23 03/11/16 10:49 .081

Subject Name

TEST 2

Subject I.D.

Operator Name, I.D.

Bowles

Location

PHPD

AS IV Serial no: 070763  
Version no: 532B

TEST RECORD 00394

Temp Date Time 210L

Air Blank:  
03/11/16 10:47 .000  
Calibration Check:  
22 03/11/16 10:47 .082

Subject Name

TEST 1

Subject I.D.

Operator Name, I.D.

Bowles

Location

PHPD

AS IV Serial no: 070763  
Version no: 532B

TEST RECORD 00397

Temp Date Time 210L

VOID: RFI  
12 03/11/16 10:52

Subject Name

RFI TEST

Subject I.D.

Operator Name, I.D.

Bowles

Location

PHPD



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



**PERMIT**  
**TYPE II**  
**GUY D BOWLES**

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repair 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 12/28/2015

NUMBER 250320

EXPIRES 12/28/2017

MO 580-977.9(6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-9 (R)



**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 BOWLES, GUY  
Permit No 250320  
Date Issued 12/28/2015 Date Expires 12/28/2017