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By Carol Day at 9:00 am, May 03, 2016

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	PRINTER SN	DATE OF INSPECTION
070763	08C.3556.249	04/29/2016

LOCATION OF INSTRUMENT (STREET AND CITY)	TIME OF INSPECTION
8 Municipal Dr. / Park Hills	12:40 pm

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.

- [x] DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)
- [x] TEMPERATURE OF ALCO SENSOR (10°C - 40°C)
- [x] PRINTER WORKING PROPERLY
- [x] TIME AND DATE DISPLAYING PROPERLY

BREATH ALCOHOL ACCURACY STANDARDS

- [ ] SIMULATOR SOLUTION
- [x] COMPRESSED ETHANOL-GAS MIXTURE

[x] 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

[x] 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
- [x] 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 ☛ .080	TEST 2 ☛ .081	TEST 3 ☛ .080

[x] 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)	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).

Unit meets DOG guidelines

INSPECTING OFFICER

SIGNATURE	PRINT NAME
▸	Doug Bowles
TYPE II PERMIT NUMBER/EXPIRATION DATE	**TELEPHONE NUMBER**
250320 12/28/2017	(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

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER
services provided on a nondiscriminatory basis

AS IV Serial no: 070763
Version no: 532B

TEST RECORD 00405

Temp	Date	Time	210L

Air Blank:
04/29/16 12:40 .000
Calibration Check:
24 04/29/16 12:40 .080

Subject Name
TEST 3

Subject I.D.

Operator Name, I.D.
Bowles

Location
PHPD

AS IV Serial no: 070763
Version no: 532B

TEST RECORD 00404

Temp	Date	Time	210L

Air Blank:
04/29/16 12:39 .000
Calibration Check:
23 04/29/16 12:39 .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 00403

Temp	Date	Time	210L

Air Blank:
04/29/16 12:37 .000
Calibration Check:
23 04/29/16 12:37 .080

Subject Name
TEST 1

Subject I.D.

Operator Name, I.D.
Bowles

Location
PHPD.

AS IV Serial no: 070763
Version no: 532B

TEST RECORD 00406

Temp	Date	Time	210L

VOID: RFI
12 04/29/16 12:42

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

2

PERMIT
TYPE II

GUY D BOWLES

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service, and rep
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 secti
577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 12/28/2015

NUMBER 250320

EXPIRES 12/28/2017

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0277 (6-10)

LAB-3 (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