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By Carol Day at 8:13 am, Mar 10, 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
087960	08C3556238	03/08/2016

LOCATION OF INSTRUMENT (STREET AND CITY)	TIME OF INSPECTION
Platte Woods PD - 6750 NW Tower Dr. Platte Woods, MO	6:30 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.

- ☑ 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 Guth Laboratories Inc. LOT # 15120 EXP. DATE 04/29/2017

☑ SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0 SIMULATOR SN SD2746 SIMULATOR EXP DATE 08/12/2016

☑ 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 ☛	TEST 2 ☛	TEST 3 ☛
.096	.096	.096

☑ 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-.04)	(.05-.09)	(.10-.14)	(.15-.19)	(OVER .19)
0	0	0	0	1	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).

INSPECTING OFFICER

SIGNATURE	PRINT NAME
▸	Peter J. Lopata
TYPE II PERMIT NUMBER/EXPIRATION DATE	**TELEPHONE NUMBER**
250190 / 08-18-2017	(816) 741-6688

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: 087960
Version no: 532B

TEST RECORD 00118

Temp	Date	Time	s/ 210L
Air Blank:			
	03/08/16	18:32	.000
Calibration Check:			
22	03/08/16	18:32	.096

Subject Name

Subject I.D.

Operator Name, I.D.

LOPATA 250190

Location

PWPD

AS IV Serial no: 087960
Version no: 532B

TEST RECORD 00119

Temp	Date	Time	s/ 210L
Air Blank:			
	03/08/16	18:34	.000
Calibration Check:			
23	03/08/16	18:34	.096

Subject Name

Subject I.D.

Operator Name, I.D.

LOPATA 250190

Location

PWPD

AS IV Serial no: 087960
Version no: 532B

TEST RECORD 00120

Temp	Date	Time	s/ 210L
Air Blank:			
	03/08/16	18:36	.000
Calibration Check:			
24	03/08/16	18:36	.096

Subject Name

Subject I.D.

Operator Name, I.D.

LOPATA 250190

Location

PWPD

AS IV Serial no: 087960
Version no: 532B

TEST RECORD 00121

Temp	Date	Time	s/ 210L
SOID: RFI			
12	03/08/16	18:37	

Subject Name

Subject I.D.

Operator Name, I.D.

LOPATA 250190

Location

PWPD

STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES

BREATH ALCOHOL PROGRAM

2

PERMIT

TYPE II

PETER J LOPATA

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 8/18/2015

NUMBER 250190

EXPIRES 8/18/2017

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 LOPATA, PETER

Permit No 250190

Date Issued 8/18/2015 **Date Expires** 8/18/2017