



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 087969	PRINTER SN 08C.3527.186	DATE OF INSPECTION 08/29/2016
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LOCATION OF INSTRUMENT (STREET AND CITY) 107 W MAIN ST, SMITHVILLE, MO	TIME OF INSPECTION 3:56 pm
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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 INTOXIMETER LOT # AG616002 EXP. DATE 06/08/2018

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 ➡ .97

TEST 2 ➡ .98

TEST 3 ➡ .99

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
Kathryn E. Ford

PRINT NAME
Kathryn E Ford

TYPE II PERMIT NUMBER/EXPIRATION DATE
260181 04/15/2018

TELEPHONE NUMBER
(816) 532-0500

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

①

AS IV Serial no: 087969
Version no: 004C

TEST RECORD 01297

Temp Date Time 210L

Air Blank:
08/29/16 15:56 .000
Subject Test: Man
26 08/29/16 15:56 .097

Subject Name
Monthly maint
Subject I.D.
Type II
Operator Name, I.D.
K. Ford #260181
Location
Smithville PD

②

AS IV Serial no: 087969
Version no: 004C

TEST RECORD 01298

Temp Date Time 210L

Air Blank:
08/29/16 15:58 .000
Subject Test: Man
26 08/29/16 15:58 .098

Subject Name
Monthly maint
Subject I.D.
Type II
Operator Name, I.D.
K. Ford #260181
Location
Smithville PD

③

AS IV Serial no: 087969
Version no: 004C

TEST RECORD 01299

Temp Date Time 210L

Air Blank:
08/29/16 15:59 .000
Subject Test: Man
26 08/29/16 15:59 .099

Subject Name
Monthly maint
Subject I.D.
K. Ford #260181
Operator Name, I.D.
Type II
Location
Smithville PD

RFI

AS IV Serial no: 087969
Version no: 004C

TEST RECORD 01300

Temp Date Time 210L

Void: RFI
12 08/29/16 16:01

Subject Name
Monthly maint
Subject I.D.
Type II
Operator Name, I.D.
K. Ford #260181
Location
Smithville PD



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

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**PERMIT
 TYPE II**

KATHRYN E FORD

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 4/15/2016

NUMBER 260181

EXPIRES 4/15/2018

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES