



**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 087972 - St. Louis County PD	PRINTER SN 08C.3556.386	DATE OF INSPECTION 04/01/2016
LOCATION OF INSTRUMENT (STREET AND CITY) Wildwood Precinct - 16860 Main Street, Wildwood, MO 63040		TIME OF INSPECTION 12:21 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.

<input checked="" type="checkbox"/> DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)
<input checked="" type="checkbox"/> TEMPERATURE OF ALCO SENSOR (10°C - 40°C) <u>21°C</u>
<input checked="" type="checkbox"/> PRINTER WORKING PROPERLY
<input checked="" type="checkbox"/> TIME AND DATE DISPLAYING PROPERLY <u>04/01/16 12:21</u>

**BREATH ALCOHOL ACCURACY STANDARDS**

<input type="checkbox"/> SIMULATOR SOLUTION	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>Intoximeters</u> LOT # <u>AG533901</u> EXP. DATE <u>08/05/2017</u>	
<input type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) _____ SIMULATOR SN _____ SIMULATOR EXP DATE _____	
<input checked="" type="checkbox"/> 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 checked="" type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE	
<input 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 <input checked="" type="checkbox"/> .099	TEST 2 <input checked="" type="checkbox"/> .099	TEST 3 <input checked="" type="checkbox"/> .098
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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	<u>3</u>	(0-.04)	<u>0</u>	(.05-.09)	<u>2</u>	(.10-.14)	<u>3</u>	(.15-.19)	<u>1</u>	(OVER .19)	<u>1</u>
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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).

Cleared the memory log  
Adjusted the time clock

**INSPECTING OFFICER**

SIGNATURE <u>D. Rose 2721</u>	PRINT NAME Officer D. Rose, DSN 2721
TYPE II PERMIT NUMBER/EXPIRATION DATE 250277 11/19/2017	TELEPHONE NUMBER (636) 529-8210

**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: 087972  
Version no: 532B

TEST RECORD 00032

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
04/01/16 12:21 .000  
Calibration Check:  
21 04/01/16 12:21 .099

Subject Name

N/A

Subject I.D.

N/A

Operator Name, I.D.

ROSC 2721

Location

6<sup>th</sup> PCT

AS IV Serial no: 087972  
Version no: 532B

TEST RECORD 00033

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
04/01/16 12:23 .000  
Calibration Check:  
21 04/01/16 12:23 .099

Subject Name

N/A

Subject I.D.

N/A

Operator Name, I.D.

ROSC 2721

Location

6<sup>th</sup> PCT

AS IV Serial no: 087972  
Version no: 532B

TEST RECORD 00034

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
04/01/16 12:24 .000  
Calibration Check:  
22 04/01/16 12:24 .098

Subject Name

N/A

Subject I.D.

N/A

Operator Name, I.D.

ROSC 2721

Location

6<sup>th</sup> PCT

AS IV Serial no: 087972  
Version no: 532B

TEST RECORD 00035

Temp Date Time <sup>s/</sup> 210L

VOID: RFI  
12 04/01/16 12:26

Subject Name

N/A

Subject I.D.

N/A

Operator Name, I.D.

ROSC 2721

Location

6<sup>th</sup> PCT





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

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**PERMIT  
TYPE II**

**DAVID M ROSE**

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

**DATAMASTER, INTOX DMT, ALCO-SENSOR IV W/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 11/19/2015

NUMBER 250277

EXPIRES 11/19/2017

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES