



RECEIVED

By Brian Lutmer at 10:56 am, Jun 08, 2016

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 06/08/2016
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LOCATION OF INSTRUMENT (STREET AND CITY) Wildwood Precinct - 16860 Main Street, Wildwood, MO 63040	TIME OF INSPECTION 6:31 am
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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) **22°C**
- PRINTER WORKING PROPERLY
- TIME AND DATE DISPLAYING PROPERLY **06/08/16 06:31**

BREATH ALCOHOL ACCURACY STANDARDS

- SIMULATOR SOLUTION COMPRESSED ETHANOL-GAS MIXTURE
- STANDARD SUPPLIER Intoximeters LOT # AG533901 EXP. DATE 08/05/2017
- 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 .097	TEST 2 .097	TEST 3 .097
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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	3	(0-.04)	0	(.05-.09)	0	(.10-.14)	1	(.15-.19)	1	(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 <i>D. Rose 2721</i>	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 00051 s/
Temp Date Time 210L

Air Blank:
06/08/16 06:31 .000
Calibration Check:
22 06/08/16 06:31 .097

Subject Name
N/A
Subject I.D.
N/A
Operator Name, I.D.
R0SC 2701
Location
6th P27

AS IV Serial no: 087972
Version no: 532B

TEST RECORD 00052 s/
Temp Date Time 210L

Air Blank:
06/08/16 06:32 .000
Calibration Check:
23 06/08/16 06:32 .097

Subject Name
N/A
Subject I.D.
N/A
Operator Name, I.D.
R0SC 2701
Location
6th P27

AS IV Serial no: 087972
Version no: 532B

TEST RECORD 00053 s/
Temp Date Time 210L

Air Blank:
06/08/16 06:35 .000
Calibration Check:
23 06/08/16 06:35 .097

Subject Name
N/A
Subject I.D.
N/A
Operator Name, I.D.
R0SC 2701
Location
6th P27

AS IV Serial no: 087972
Version no: 532B

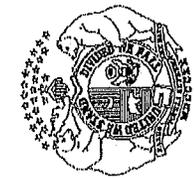
TEST RECORD 00054 s/
Temp Date Time 210L

VOID: RFI
12 06/08/16 06:36

Subject Name
N/A
Subject I.D.
N/A
Operator Name, I.D.
R0SC 2701
Location
6th P27



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



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

W. Rose

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

[Signature]

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES