



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 STATE PUBLIC HEALTH LABORATORY  
**ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT**

**RECEIVED**  
 By Carol Day at 8:31 am, May 25, 2016

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 097406 Waverly Police Dept.	PRINTER SN 849324050	DATE OF INSPECTION 05/24/2016
LOCATION OF INSTRUMENT (STREET AND CITY) 1200 South Holden Street, Warrensburg, MO (MO Safety Center)		TIME OF INSPECTION 9:00 am

**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 Intoximeters LOT # AG535002 EXP. DATE 12/16/2017

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 → 0.077

TEST 2 → 0.077

TEST 3 → 0.078

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

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).

This unit is working properly within the guideline promulgated by the Missouri Dept of Health breath alcohol program.

**INSPECTING OFFICER**

SIGNATURE

PRINT NAME  
 Robert Welsh

TYPE II PERMIT NUMBER/EXPIRATION DATE  
 250122 06/03/2017

TELEPHONE NUMBER  
 (660) 543-4597

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: 097406  
Version no: 532B

TEST RECORD 00265

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

Air Blank:  
05/24/16 09:40 .000  
Calibration Check:  
23 05/24/16 09:40 .077

Subject Name

R. WELSH

Subject I.D.

TEST 1

Operator Name, I.D.

250122

Location

MSC

AS IV Serial no: 097406  
Version no: 532B

TEST RECORD 00267

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

Air Blank:  
05/24/16 09:45 .000  
Calibration Check:  
24 05/24/16 09:45 .077

Subject Name

R. WELSH

Subject I.D.

TEST 2

Operator Name, I.D.

250122

Location

MSC

AS IV Serial no: 097406  
Version no: 532B

TEST RECORD 00268

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

Air Blank:  
05/24/16 09:48 .000  
Calibration Check:  
24 05/24/16 09:48 .078

Subject Name

R WELSH

Subject I.D.

TEST 3

Operator Name, I.D.

250122

Location

MSC

AS IV Serial no: 097406  
Version no: 532B

TEST RECORD 00266

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

Air Blank:  
05/24/16 09:42 .000  
Subject Test: Auto  
24 05/24/16 09:42 .000

Subject Name

R. WELSH

Subject I.D.

BLANK TEST

Operator Name, I.D.

250122

Location

MSC

AS IV Serial no: 097406  
Version no: 532B

TEST RECORD 00269

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

VOID: RFI  
12 05/24/16 09:49

Subject Name

R.WELSH

Subject I.D.

RFI

Operator Name, I.D.

250122

Location

MSC



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

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**PERMIT**  
**TYPE II**  
**ROBERT W WELSH**

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, INTOXILYZER 5000, INTOXILYZER  
 8000, 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 6/3/2015

NUMBER 250122

EXPIRES 6/3/2017

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 680-0771 (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 WELSH, ROBERT  
 Permit No 250122  
 Date issued 6/3/2015 Date Expires 6/3/2017