



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES

STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

RECEIVED

By Carol Day at 12:41 pm, Mar 15, 2016

Complete this report in duplicate at the time of the regular maintenance. Send copy to Department of Health and Senior Services; retain original if repaired.

ALCO SENSOR IV SN 099360 PRINTER SN 0972584335 DATE OF INSPECTION 03/11/2016

LOCATION OF INSTRUMENT (STREET AND CITY) 540 Civic Blvd. Republic TIME OF INSPECTION 7:08 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.

[X] DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)

[X] TEMPERATURE OF ALCO SENSOR (10°C - 40°C)

[X] PRINTER WORKING PROPERLY

[X] TIME AND DATE DISPLAYING PROPERLY

BREATH ALCOHOL ACCURACY STANDARDS

[X] SIMULATOR SOLUTION [] COMPRESSED ETHANOL-GAS MIXTURE

[X] STANDARD SUPPLIER Guth LOT # 15050 EXP. DATE 03/09/2017

[X] SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0 SIMULATOR SN sd3326 SIMULATOR EXP DATE 01/06/2017

[X] 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)

- [X] 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 .101 TEST 2 .100 TEST 3

[X] 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) 1 (.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).

Performed a calibration.

INSPECTING OFFICER

SIGNATURE [Signature] PRINT NAME Frank Schreiber

TYPE II PERMIT NUMBER/EXPIRATION DATE 250095 05/11/2017 TELEPHONE NUMBER (417) 732-3900

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 IU Serial no: 899360
Version no: 532F

TEST RECORD 00432

Temp Date Time 210L

Air Blank:
03/11/16 19:08 .000
Calibration:
23 03/11/16 19:08 .100

Subject Name

Subject I.D.

Operator Name, I.D.

250095 5/11/2017
Location

AS IU Serial no: 899360
Version no: 532F

TEST RECORD 00436

Temp Date Time 210L

VOID: RPJ
12 03/11/16 19:16

Subject Name

Subject I.D.

Operator Name, I.D.

250095 5/11/2017
Location

AS IV Serial no: 099360
Version no: 532B

TEST RECORD 00435 s/
Temp Date Time 210L
Air Blanks:
03/11/16 19:13 .000
Calibration Check:
25 03/11/16 19:13 .100
Subject Name

Subject I.D.
Frank Schreiber
Operator Name, I.D.
250095 5/11/2017
Location

AS IV Serial no: 099360
Version no: 532B

TEST RECORD 00434 s/
Temp Date Time 210L
Air Blanks:
03/11/16 19:12 .000
Calibration Check:
25 03/11/16 19:12 .100
Subject Name

Subject I.D.
Frank Schreiber
Operator Name, I.D.
250095 5/11/2017
Location

AS IV Serial no: 099360
Version no: 532B

TEST RECORD 00433 s/
Temp Date Time 210L
Air Blanks:
03/11/16 19:10 .000
Calibration Check:
24 03/11/16 19:10 .101
Subject Name

Subject I.D.
Frank Schreiber
Operator Name, I.D.
250095 5/11/2017
Location



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



PERMIT
TYPE II
FRANK B SCHREIBER

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 5/11/2015

NUMBER 250095

EXPIRES 5/11/2017

MS 2009 11/15

[Signature]
 DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

[Signature]
 DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LA 4 48 15

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 SCHREIBER, FRANK
 Permit No 250095
 Date Issued 5/11/2015 Date Expires 5/11/2017