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 2:53 pm, Mar 16, 2016

Complete this report in duplicate at the time of the regular monthly preventative maintenance check. Send copy to Department of Health and Senior Services; retain original in department file.

| ALCO SENSOR IV SN | PRINTER SN | DATE OF INSPECTION |
|---|---|---|
| 100287 | 84-9324-160 | 3-13-16 |

| LOCATION OF INSTRUMENT (STREET AND CITY) | TIME OF INSPECTION |
|---|---|
| 401 S main St Archie | 2135 |

**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**

- [ ] SIMULATOR SOLUTION
- [x] COMPRESSED ETHANOL-GAS MIXTURE
- [x] STANDARD SUPPLIER Intoximeter LOT # AG 409203 EXP. DATE 04-02-16
- [ ] SIMULATOR TEMPERATURE (34°C ± 0.2°C) _____ SIMULATOR SN _____ SIMULATOR EXP DATE _____
- [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 | TEST 2 | TEST 3 |
|---|---|---|
| .098 | .098 | .098 |

- [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-.04) | (.05-.09) | (.10-.14) | (.15-.19) | (OVER .19) |
|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 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). Adjusted Time for Daylight Savings

**INSPECTING OFFICER**

| SIGNATURE | PRINT NAME |
|---|---|
| [signature] | Dustin Brant |
| **TYPE II PERMIT NUMBER/EXPIRATION DATE** | **TELEPHONE NUMBER** |
| 250149 | 816 430 5242 |

**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: 100287
Version no: 532B

TEST RECORD 00204

| Temp | Date | Time | 210L s/ |
|---|---|---|---|
| Air Blank: | | | |
| | 03/13/16 | 21:45 | .000 |
| Calibration Check: | | | |
| 25 | 03/13/16 | 21:45 | .098 |

Subject Name

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 100287
Version no: 532B

TEST RECORD 00202

| Temp | Date | Time | 210L s/ |
|---|---|---|---|
| Air Blank: | | | |
| | 03/13/16 | 21:42 | .000 |
| Calibration Check: | | | |
| 24 | 03/13/16 | 21:42 | .098 |

Subject Name

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 100287
Version no: 532B

TEST RECORD 00205

| Temp | Date | Time | 210L s/ |
|---|---|---|---|
| VOID: RFI | | | |
| 12 | 03/13/16 | 21:47 | |

Subject Name

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 100287
Version no: 532B

TEST RECORD 00203

| Temp | Date | Time | 210L s/ |
|---|---|---|---|
| Air Blank: | | | |
| | 03/13/16 | 21:44 | .000 |
| Calibration Check: | | | |
| 25 | 03/13/16 | 21:44 | .098 |

Subject Name

Subject I.D.

Operator Name, I.D.

Location