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By Carol Day at 4:40 pm, May 20, 2016



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
STATE PUBLIC HEALTH LABORATORY

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 100287 PRINTER SN 84-9324-160 DATE OF INSPECTION 5-15-16

LOCATION OF INSTRUMENT (STREET AND CITY) 401 S main St Archie TIME OF INSPECTION 2235

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 # AG604802 EXP. DATE 2-17-18

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 • .103

TEST 2 • .103

TEST 3 • .102

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) 1 | (.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).

INSPECTING OFFICER

SIGNATURE: Dustin Brant

PRINT NAME Dustin Brant

TYPE II PERMIT NUMBER/EXPIRATION DATE 250149

TELEPHONE NUMBER 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 00224

s/  
Temp Date Time 210L

Air Blank:  
05/15/16 22:50 .000  
Calibration Check:  
21 05/15/16 22:50 .162

Subject Name

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 100287  
Version no: 532B

TEST RECORD 00222

s/  
Temp Date Time 210L

Air Blank:  
05/15/16 22:47 .000  
Calibration Check:  
20 05/15/16 22:47 .103

Subject Name

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 100287  
Version no: 532B

TEST RECORD 00225

s/  
Temp Date Time 210L

VOID: RFI  
12 05/15/16 22:51

Subject Name

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 100287  
Version no: 532B

TEST RECORD 00223

s/  
Temp Date Time 210L

Air Blank:  
05/15/16 22:48 .000  
Calibration Check:  
20 05/15/16 22:48 .103

Subject Name

Subject I.D.

Operator Name, I.D.

Location