



RECEIVED

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

ALCO SENSOR IV SN <i>100287</i>	PRINTER SN <i>84-9324-100</i>	DATE OF INSPECTION <i>6-15-16</i>
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LOCATION OF INSTRUMENT (STREET AND CITY) <i>401 S main S Acorn</i>	TIME OF INSPECTION <i>0248</i>
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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)
- PRINTER WORKING PROPERLY
- TIME AND DATE DISPLAYING PROPERLY

BREATH ALCOHOL ACCURACY STANDARDS

<input type="checkbox"/> SIMULATOR SOLUTION	<input type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER <i>Intoximeters</i>	LOT # <i>A6607802</i> EXP. DATE <i>2-17-18</i>
<input type="checkbox"/> 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 - <i>0099</i>	TEST 2 - <i>0099</i>	TEST 3 - <i>0099</i>
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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 <i>0</i>	(0-.04) <i>1</i>	(.05-.09)	(.10-.14)	(.15-.19)	(OVER .19)
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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>[Signature]</i>	PRINT NAME <i>Dustin Brant</i>
TYPE II PERMIT NUMBER/EXPIRATION DATE <i>250149</i>	TELEPHONE NUMBER <i>8164505242</i>

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 00228

Temp Date Time ^{a/} 210L

Air Blank:
06/15/16 02:48 .000
Calibration Check:
22 06/15/16 02:48 .099

Subject Name

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 100287
Version no: 532B

TEST RECORD 00230

Temp Date Time ^{a/} 210L

Air Blank:
06/15/16 02:52 .000
Calibration Check:
29 06/15/16 02:52 .099

Subject Name

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 100287
Version no: 532B

TEST RECORD 00231

Temp Date Time ^{a/} 210L

VOID: RFI
12 06/15/16 02:53

Subject Name

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 100287
Version no: 532B

TEST RECORD 00229

Temp Date Time ^{a/} 210L

Air Blank:
06/15/16 02:50 .000
Calibration Check:
22 06/15/16 02:50 .099

Subject Name

Subject I.D.

Operator Name, I.D.

Location