



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

RECEIVED

REPORT #7
 By Carol Day at 8:27 am, Jan 11, 2016

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 102465	PRINTER SN 088.3473.063	DATE OF INSPECTION 01/10/2016
LOCATION OF INSTRUMENT (STREET AND CITY) 303 South Elm Street Dixon		TIME OF INSPECTION 8:30 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.

- 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 Guth Laboratories Inc LOT # 15120 EXP. DATE 04/29/2017
- SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34 SIMULATOR SN SD2279 SIMULATOR EXP DATE 12/01/2016

- 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 ➡ .100	TEST 2 ➡ .100	TEST 3 ➡ .100
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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	0	(0-.04)	0	(.05-.09)	0	(.10-.14)	0	(.15-.19)	0	(OVER .19)	0
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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).

None

INSPECTING OFFICER

SIGNATURE 	PRINT NAME John Meir 303
TYPE II PERMIT NUMBER/EXPIRATION DATE 250308 12/22/2017	TELEPHONE NUMBER (573) 759-6610

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: 102465
Version no: 532B

TEST RECORD 00083

Temp Date Time ^{g/} 210L

Air Blank:
01/10/16 20:33 .000
Calibration Check:
25 01/10/16 20:33 .100

Subject Name

TEST #1

Subject I.D.

250303

Operator Name, I.D.

MEIR, John

Location

DIXON PD

AS IV Serial no: 102465
Version no: 532B

TEST RECORD 00085

Temp Date Time ^{g/} 210L

Air Blank:
01/10/16 20:38 .000
Calibration Check:
27 01/10/16 20:38 .100

Subject Name

TEST #2

Subject I.D.

250303

Operator Name, I.D.

MEIR, John

Location

DIXON PD

AS IV Serial no: 102465
Version no: 532B

TEST RECORD 00086

Temp Date Time ^{g/} 210L

Air Blank:
01/10/16 20:40 .000
Calibration Check:
27 01/10/16 20:40 .100

Subject Name

TEST #3

Subject I.D.

250303

Operator Name, I.D.

MEIR, John P

Location

DIXON PD

AS IV Serial no: 102465
Version no: 532B

TEST RECORD 00084

Temp Date Time ^{g/} 210L

VOID: RFI
12 01/10/16 20:36

Subject Name

RFI TEST

Subject I.D.

250303

Operator Name, I.D.

MEIR, John

Location

DIXON PD

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 MEIR, JOHN
 Permit No 250303
 Date Issued 12/22/2015 Date Expires 12/22/2017

LAB-4 (R6-10)

MO 580-0771 (6-10)

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

EXPIRES 12/22/2017

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 250303

DATE 12/22/2015

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.

DATAMASTER, INTOX EC/IR II, ALCO-SENSOR IV W/PRINTER

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

JOHN P MEIR

TYPE II

PERMIT

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





Missouri Department of Health and Senior Services
 P.O. Box 570, Jefferson City, MO 65102-0570 Phone: 573-751-6400 FAX: 573-751-6010
 RELAY MISSOURI for Hearing and Speech Impaired 1-800-735-2966 VOICE 1-800-735-2466
 Gail Vasterling
 Director



Jeremiah W. (Jay) Nixon
 Governor

Missouri Department of Health and Senior Services Breath Alcohol Program

SIMULATOR CALIBRATION REPORT

This is to certify that the simulator listed below has been examined and tested using standards traceable to the National Institute of Standards and Technology (NIST) in accordance to the standards set by the Rules of Missouri Department of Health and Senior Services, 19 CSR 25-30.

SIMULATOR INFORMATION

Agency: DIXON PD
 Serial Number: SD2279
 Manufacturer: Guth
 Model Number: 10-4D

CALIBRATION RESULTS

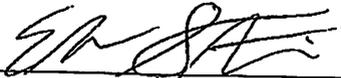
<u>Reference</u>	<u>Simulator</u>
<u>Temperature</u>	<u>Temperature</u>
33.98	34.0

This calibration was performed with
 NIST-Traceable Thermometer SN: 358440

This simulator was tested by: RWW

This testing was performed: 12/11/2015

This certification expires: 12/11/2016

Signature of certifying DHSS
 Scientist: 

Name of certifying DHSS Scientist: Ellen Strawsine



MISSOURI SAFETY CENTER SIMULATOR CHECK WORKSHEET



Date: 12/11/15	Time: 1100	Date Last Checked: 12/3/14	Agency: MISSOURI SAFETY CENTER
Simulator Model:	[] 2100 [X] 10-4D [] 12V500	Simulator Serial #:	DIXON PD
Thermometer serial #:	358440	Email address:	SD 2279
Thermometer certification date:	09/08/15	Agency property #:	MEIR MEIR.JOHN@GMAIL.COM
Thermometer expiration date:	09/08/16	Thermometer reading	[X] none
1 st check time:	1140	Simulator reading	34.0
2 nd check time:	1142		33.97
3 rd check time:	1144		34.0
4 th check time:	1146		34.0
5 th check time:	1148		34.0
Average readings:			33.98
Bias calculation:			- .02
This form meets or exceeds the requirements of the Missouri Department of Health breath alcohol program.			TECHNICIAN INITIALS: RWV

Check "o" rings on quick-disconnects and replace as needed.

Check simulator "o" ring and replace as needed.

Check jar for breaks/cracks and replace as needed.

COMMENTS:



This simulator is operating within OTC's breath alcohol specifications (11544-24-011).

SIMULATOR SERIAL NO.: SD2279
 EXPIRATION DATE: 12/03/2016
 DATE OF CALIBRATION CHECK: 12/11/2015
 NIST REF. THEM. SERIAL NO.: 0355440
 AVERAGE SIM. TEMP: 33.98 C
 ANALYST INITIALS: RWV