



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

RECEIVED
By Carol Day at 1:24 pm, Mar 15, 2016

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 105447	PRINTER SN 099.3586.790	DATE OF INSPECTION 03/05/2016
LOCATION OF INSTRUMENT (STREET AND CITY) Jasper County Sheriff Office 234 S. Main Street Carthage, MO 64836		TIME OF INSPECTION 8:08 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.

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 # AG426004 EXP. DATE 07/17/2016

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 → .080

TEST 2 → 0.80

TEST 3 → 0.80

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)	1	(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).

Operating Within MODHSS Standards

INSPECTING OFFICER

SIGNATURE
Cpl. Chris Calvin #349

PRINT NAME
Christopher Calvin

TYPE II PERMIT NUMBER/EXPIRATION DATE
260117 02-25-2018

TELEPHONE NUMBER
(417) 358-8177

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: 105447
Version no: 532B

TEST RECORD 00537

Temp Date Time ^{s/} 210L

Air Blank:
03/05/16 20:17 .000
Calibration Check:
24 03/05/16 20:17 .000

Subject Name

Cal Check 1

Subject I.D.

Chris Calvin

Operator Name, I.D.

260117 / 02-25-18

Location

231 S. Main St

Carthage, MO

AS IV Serial no: 105447
Version no: 532B

TEST RECORD 00538

Temp Date Time ^{s/} 210L

Air Blank:
03/05/16 20:19 .000
Calibration Check:
24 03/05/16 20:19 .000

Subject Name

Cal Check 2

Subject I.D.

Chris Calvin

Operator Name, I.D.

260117 / 02-25-18

Location

231 S. Main St

Carthage, MO 64836

AS IV Serial no: 105447
Version no: 532B

TEST RECORD 00539

Temp Date Time ^{s/} 210L

Air Blank:
03/05/16 20:20 .000
Calibration Check:
24 03/05/16 20:20 .000

Subject Name

Cal Check 3

Subject I.D.

Chris Calvin

Operator Name, I.D.

260117 / 02-25-18

Location

231 S. Main St

Carthage, MO

AS IV Serial no: 105447
Version no: 532B

TEST RECORD 00540

Temp Date Time ^{s/} 210L

VOID: RFI
12 03/05/16 20:22

Subject Name

RFI

Subject I.D.

Chris Calvin

Operator Name, I.D.

260117 / 02-25-18

Location

231 S. Main St

Carthage, MO

AS IV Serial no: 105447
Version no: 532B

TEST RECORD 00541

Temp Date Time ^{s/} 210L

Air Blank:
03/05/16 20:23 .000
Subject Test: Auto
24 03/05/16 20:23 .000

Subject Name

Blank Test

Subject I.D.

Chris Calvin

Operator Name, I.D.

260117 / 02-25-18

Location

231 S. Main St

Carthage, MO



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



**PERMIT
TYPE II**

CHRISTOPHER CALVIN

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, INTOXILYZER 8000

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 2/25/2016

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 260117

EXPIRES 2/25/2018

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 680-0771 (8-10)

LAB-4 (R6-10)



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 CALVIN, CHRISTOPHER
Permit No 260117
Date Issued 2/25/2016 Date Expires 2/25/2018