



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 107977	PRINTER SN 096.3580.877	DATE OF INSPECTION 01/28/2016
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LOCATION OF INSTRUMENT (STREET AND CITY) 301 S. Main St, Excelsior Springs, MO	TIME OF INSPECTION 2:55 pm
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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

SIMULATOR SOLUTION COMPRESSED ETHANOL-GAS MIXTURE

STANDARD SUPPLIER GUTH LOT # 15120 EXP. DATE 04/29/2017

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0 SIMULATOR SN DR5383 SIMULATOR EXP DATE 06/05/2016

- 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 <input checked="" type="checkbox"/> .097	TEST 2 <input checked="" type="checkbox"/> .099	TEST 3 <input checked="" type="checkbox"/> .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)	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).

INSPECTING OFFICER	
SIGNATURE 	PRINT NAME Brian K Kennedy
TYPE II PERMIT NUMBER/EXPIRATION DATE 250071 / 03/31/2017	TELEPHONE NUMBER (816) 630-2000

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 not 162977
Version not 532B

TEST RECORD 86226

Temp Date Time ^{5/} 216L

VOID: RFI
12 01/28/16 14:58

Subject Name

SIMULATOR
Subject I.D.

Operator Name, J.D.

KENNEDY 911
Location

301 S MAIN

EX SPGS, MO

AS IV Serial not 162977
Version not 532B

TEST RECORD 86223

Temp Date Time ^{5/} 216L

air Blank:
01/28/16 14:54 .888
Calibration Check:
21 01/28/16 14:54 .897

Subject Name

SIMULATOR
Subject I.D.

Operator Name, J.D.

KENNEDY 911
Location

301 S MAIN

EX SPGS, MO

AS IV Serial not 162977
Version not 532B

TEST RECORD 86224

Temp Date Time ^{5/} 216L

air Blank:
01/28/16 14:55 .888
Calibration Check:
22 01/28/16 14:55 .899

Subject Name

SIMULATOR
Subject I.D.

Operator Name, J.D.

KENNEDY 911
Location

301 S MAIN

EX SPGS, MO

AS IV Serial not 162977
Version not 532B

TEST RECORD 86225

Temp Date Time ^{5/} 216L

air Blank:
01/28/16 14:57 .888
Calibration Check:
22 01/28/16 14:57 .108

Subject Name

SIMULATOR
Subject I.D.

Operator Name, J.D.

KENNEDY 911
Location

301 S MAIN

EX SPGS, MO