MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

RECEIVED
By Carol Day at 2:04 pm, Jun 28, 2016

Complete this report in duplicate at the time of the regular monthly p[illegible] repaired. Send copy to Department of Health and Senior Services; retain original in department file.

ALCO SENSOR IV SN	PRINTER SN	DATE OF INSPECTION
107993	099.3586.836	06/27/2016

LOCATION OF INSTRUMENT (STREET AND CITY)	TIME OF INSPECTION
9623 SAINT CHARLES ROCK ROAD, BRECKENRIDGE HILLS POLICE DEPARTMENT	6:35 am

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) 34°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 # 16040 EXP. DATE 01/20/2018

☑ SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0 SIMULATOR SN SD2309 SIMULATOR EXP DATE 07/13/2016

☑ 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 ☛ .097	TEST 2 ☛ .097	TEST 3 ☛ .097

☑ 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-.04)	(.05-.09)	(.10-.14)	(.15-.19)	(OVER .19)
0	0	0	0	0	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	PRINT NAME
Sgt Michael Presson 838	MICHAEL PRESSON
TYPE II PERMIT NUMBER/EXPIRATION DATE	**TELEPHONE NUMBER**
250168/07-23-2017	(314) 426-1214

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

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER
services provided on a nondiscriminatory basis

AS IV Serial no: 107993
Version no: 532B

TEST RECORD 00243

Temp	Date	Time	g/ 210L
Air Blank:			
	06/27/16	06:35	.000
Calibration Check:			
24	06/27/16	06:35	.097

Subject Name

Subject I.D.

Operator Name, I.D.
SGT Michael Preston 232

Location
9623 St. Charles Rock Road

AS IV Serial no: 107993
Version no: 532B

TEST RECORD 00244

Temp	Date	Time	g/ 210L
Air Blank:			
	06/27/16	06:36	.000
Calibration Check:			
24	06/27/16	06:36	.097

Subject Name

Subject I.D.

Operator Name, I.D.
SGT Michael Preston 232

Location
9623 St. Charles Rock Road

AS IV Serial no: 107993
Version no: 532B

TEST RECORD 00245

Temp	Date	Time	g/ 210L
Air Blank:			
	06/27/16	06:38	.000
Calibration Check:			
24	06/27/16	06:38	.097

Subject Name

Subject I.D.

Operator Name, I.D.
SGT Michael Preston 232

Location
9623 St. Charles Rock Road

Temp	Date	Time	g/ 210L
VOID: RFI			
12	06/27/16	07:07	

Subject Name

Subject I.D.

Operator Name, I.D.
SGT Michael Preston 232

Location
9623 St. Charles Rock Road

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

2

PERMIT
TYPE II

MICHAEL B PRESSON

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

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 7/23/2015

NUMBER 250168

EXPIRES 7/23/2017

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

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 PRESSON, MICHAEL
Permit No 250168
Date Issued 7/23/2015 Date Expires 7/23/2017

CERTIFIED ALCOHOL REFERENCE SOLUTION FOR SIMULATOR

16040	1/20/16	1/20/18
LOT NO.	MFG. DATE	EXP. DATE
275 Gal.	500 ML	
LOT VOL.	BOT. VOL.	BOT. NO.

When this reference solution is used with a breath simulator certified by Guth Laboratories, a properly operating instrument will read 0.10

For additional information contact:

Guth Laboratories, Inc.
590 North 67th Street, Harrisburg, PA 17111
Toll Free 800-233-2338

Rev. 4/02