



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENANCE

RECEIVED

REPORT #7

By Carol Day at 10:47 am, Jan 08, 2016

Complete this report in duplicate at the time of the regular monthly preventive 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 108262	PRINTER SN 099.3586.831	DATE OF INSPECTION 01/06/2016
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LOCATION OF INSTRUMENT (STREET AND CITY) 600 EAST WALNUT COLUMBIA, MISSOURI	TIME OF INSPECTION 8:21 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 INTOXIMETERS INC. LOT # AG505101 EXP. DATE 02/20/2017

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 ➔ .101

TEST 2 ➔ .103

TEST 3 ➔ .100

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	1	(0-.04)	0	(.05-.09)	0	(.10-.14)	2	(.15-.19)	0	(OVER .19)	1
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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  #2098	PRINT NAME SCOTT LENGER
TYPE II PERMIT NUMBER/EXPIRATION DATE 240278 / 06/13/2016	TELEPHONE NUMBER (573) 874-7652

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: 108262
Version no: 532B

TEST RECORD 00345

Temp Date Time ^{s/} 210L

Air Blank:
01/06/16 20:35 .000
Calibration Check:
28 01/06/16 20:35 .101

Subject Name

TEST #1

Subject I.D.

Operator Name, I.D.

Scott London #2090

Location

CPD

AS IV Serial no: 108262
Version no: 532B

TEST RECORD 00347

Temp Date Time ^{s/} 210L

Air Blank:
01/06/16 20:38 .000
Calibration Check:
29 01/06/16 20:38 .100

Subject Name

TEST #3

Subject I.D.

Operator Name, I.D.

Scott London #2098

Location

CPD

AS IV Serial no: 108262
Version no: 532B

TEST RECORD 00346

Temp Date Time ^{s/} 210L

Air Blank:
01/06/16 20:36 .000
Calibration Check:
28 01/06/16 20:36 .103

Subject Name

TEST #2

Subject I.D.

Operator Name, I.D.

Scott London #2098

Location

CPD

AS IV Serial no: 108262
Version no: 532B

TEST RECORD 00348

Temp Date Time ^{s/} 210L

VOID: RFI
12 01/06/16 20:39

Subject Name

RFI

Subject I.D.

Operator Name, I.D.

Scott London #2

Location

CPD