



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 108267	PRINTER SN 099.3586.810	DATE OF INSPECTION 02/17/2016
LOCATION OF INSTRUMENT (STREET AND CITY) Troop A, 504 SE Blue Parkway, Lee's Summit		TIME OF INSPECTION 10:24 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)
- PRINTER WORKING PROPERLY
- TIME AND DATE DISPLAYING PROPERLY

BREATH ALCOHOL ACCURACY STANDARDS

- SIMULATOR SOLUTION COMPRESSED ETHANOL-GAS MIXTURE
- STANDARD SUPPLIER RepCo Marketing, Inc. LOT # 14001 EXP. DATE 04/30/2016
- SIMULATOR TEMPERATURE (34°C ± 0.2°C) 33.9 SIMULATOR SN MP2203 SIMULATOR EXP DATE 07/21/2016

- 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 ➔ .101	TEST 2 ➔ .100	TEST 3 ➔ .099
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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).

INSPECTING OFFICER

SIGNATURE <i>Neil K. Johnson #1112</i>	PRINT NAME Neil K. Johnson #1112
TYPE II PERMIT NUMBER/EXPIRATION DATE 250173 / 7/28/2017	TELEPHONE NUMBER (816) 200-9350

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: 108267
Version no: 532B

TEST RECORD 00035

Temp Date Time ^{s/} 210L

Air Blank:
02/17/16 10:24 .000
Subject Test: Auto
20 02/17/16 10:24 .000

Subject Name

BLANK

Subject I.D.

Operator Name, I.D.

NEIL K. JOHNSON #1112

Location

TROOP A

LEE'S SUMMIT

AS IV Serial no: 108267
Version no: 532B

TEST RECORD 00036

Temp Date Time ^{s/} 210L

Air Blank:
02/17/16 10:26 .000
Calibration Check:
21 02/17/16 10:26 .101

Subject Name

MAINT

Subject I.D.

Operator Name, I.D.

NEIL K. JOHNSON #1112

Location

TROOP A

LEE'S SUMMIT

AS IV Serial no: 108267
Version no: 532B

TEST RECORD 00037

Temp Date Time ^{s/} 210L

Air Blank:
02/17/16 10:27 .000
Calibration Check:
21 02/17/16 10:27 .100

Subject Name

MAINT

Subject I.D.

Operator Name, I.D.

NEIL K. JOHNSON #1112

Location

TROOP A

LEE'S SUMMIT

AS IV Serial no: 108267
Version no: 532B

TEST RECORD 00038

Temp Date Time ^{s/} 210L

Air Blank:
02/17/16 10:29 .000
Calibration Check:
22 02/17/16 10:29 .099

Subject Name

MAINT

Subject I.D.

Operator Name, I.D.

NEIL K. JOHNSON #1112

Location

TROOP A

LEE'S SUMMIT

AS IV Serial no: 108267
Version no: 532B

TEST RECORD 00039

Temp Date Time ^{s/} 210L

VOID: RFI
12 02/17/16 10:30

Subject Name

MAINT

Subject I.D.

Operator Name, I.D.

NEIL K. JOHNSON #1112

Location

TROOP A

LEE'S SUMMIT