



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 04/14/2016
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LOCATION OF INSTRUMENT (STREET AND CITY) Troop A, 504 SE Blue Parkway, Lee's Summit	TIME OF INSPECTION 10:09 am
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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 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 04/05/2017

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 ← .098

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	(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
 #1112

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 00059

TEMP	Date	Time	s/ 210L
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Air Blank:
04/14/16 10:09 .000
Subject Test: Auto
21 04/14/16 10:09 .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 00060

TEMP	Date	Time	s/ 210L
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Air Blank:
04/14/16 10:10 .000
Calibration Check:
22 04/14/16 10:10 .097

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 00061

TEMP	Date	Time	s/ 210L
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Air Blank:
04/14/16 10:12 .000
Calibration Check:
22 04/14/16 10:12 .098

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 00062

TEMP	Date	Time	s/ 210L
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Air Blank:
04/14/16 10:13 .000
Calibration Check:
23 04/14/16 10:13 .097

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 00063

TEMP	Date	Time	s/ 210L
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VOID: RFI
12 04/14/16 10:14

Subject Name

MAINT

Subject I.D.

Operator Name, I.D.

NEIL K. JOHNSON #1112

Location

TROOP A

LEE'S SUMMIT