



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 STATE PUBLIC HEALTH LABORATORY  
**ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT**

**RECEIVED**  
 By Carol Day at 2:41 pm, Sep 07, 2016

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 109482	PRINTER SN 95.1111.053	DATE OF INSPECTION 09/03/2016
LOCATION OF INSTRUMENT (STREET AND CITY) 501 Faraon St. Joseph, MO		TIME OF INSPECTION 9:30 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**

<input type="checkbox"/> SIMULATOR SOLUTION	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>Intoximeters, Inc</u>	LOT # <u>AG619401</u> EXP. DATE <u>07/12/2018</u>
<input type="checkbox"/> 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 $\Rightarrow$ .098	TEST 2 $\Rightarrow$ .098	TEST 3 $\Rightarrow$ .097
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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)	34	(.05-.09)	8	(.10-.14)	3	(.15-.19)	2	(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).

<b>INSPECTING OFFICER</b>	
SIGNATURE 	PRINT NAME Sgt. Chris McBane
TYPE II PERMIT NUMBER/EXPIRATION DATE 250130 06/08/2017	TELEPHONE NUMBER (816) 271-5359

**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 IU Serial no: 109482  
Version no: 532B

TEST RECORD 00365

Temp Date Time 210L  
%/  
Air Blank:

09/03/16 09:30 .000  
Calibration Check:  
21 09/03/16 09:30 .098

Subject Name

Subject I.D.

Operator Name, I.D.

*McBues #55237*  
Location

AS IU Serial no: 109482  
Version no: 532B

TEST RECORD 00368

Temp Date Time 210L  
%/  
Air Blank:

09/03/16 09:34 .000  
Calibration Check:  
22 09/03/16 09:34 .098

Subject Name

Subject I.D.

Operator Name, I.D.

*McBues #55237*  
Location

AS IU Serial no: 109482  
Version no: 532B

TEST RECORD 00370

Temp Date Time 210L  
%/  
Air Blank:

09/03/16 09:38 .000  
Calibration Check:  
23 09/03/16 09:38 .097

Subject Name

Subject I.D.

Operator Name, I.D.

*McBues #55237*  
Location

AS IU Serial no: 109482  
Version no: 532B

TEST RECORD 00367

Temp Date Time 210L  
%/  
VOID: RFI

12 09/03/16 09:31

Subject Name

Subject I.D.

Operator Name, I.D.

*McBues #55237*  
Location





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

2

PERMIT  
 TYPE II

**CHRISTOPHER M MCBANE**

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

**DATAMASTER, INTOX EC/IR II, ALCO-SENSOR IV W/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 6/8/2015

NUMBER 250130

EXPIRES 6/8/2017

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 MCBANE, CHRISTOPHER  
 Permit No 250130  
 Date Issued 6/8/2015 Date Expires 6/8/2017