



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 111729	PRINTER SN 097.3584.032	DATE OF INSPECTION 07/15/2016
LOCATION OF INSTRUMENT (STREET AND CITY) Midland Empire Alcohol Task Force Breath Alcohol Test Vehicle		TIME OF INSPECTION 12:53 pm

**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 LOT # AG533901 EXP. DATE 08/05/2017
- 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  .101	TEST 3  .101
--------------	--------------	--------------

- 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
----------	---	---------	---	-----------	---	-----------	---	-----------	---	------------	---

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).

Instrument operating within all limits set forth by the Missouri Department of Health. 0.100 Dry Gas Standard, Lot #AG402002 , Tank 42

**INSPECTING OFFICER**

SIGNATURE 	PRINT NAME Larry R. Stobbs Jr.
TYPE II PERMIT NUMBER/EXPIRATION DATE 250134 6/8/2017	TELEPHONE NUMBER (816) 236-1474

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: 111729  
Version no: 532B

TEST RECORD 00026

Temp Date Time 210L s/  
Air Blank: 07/15/16 12:53 .000  
Calibration Check: 19 07/15/16 12:53 .101

Subject Name

Subject I.D.

Operator Name, I.D.

Location

AS IU Serial no: 111729  
Version no: 532B

TEST RECORD 00027

Temp Date Time 210L s/  
Air Blank: 07/15/16 12:55 .000  
Calibration Check: 21 07/15/16 12:55 .101

Subject Name

Subject I.D.

Operator Name, I.D.

Location

AS IU Serial no: 111729  
Version no: 532B

TEST RECORD 00028

Temp Date Time 210L s/  
Air Blank: 07/15/16 12:57 .000  
Calibration Check: 21 07/15/16 12:57 .101

Subject Name

Subject I.D.

Operator Name, I.D.

Location

AS IU Serial no: 111729  
Version no: 532B

TEST RECORD 00029

Temp Date Time 210L s/  
VOID: REI 12 07/15/16 12:58

Subject Name

Subject I.D.

Operator Name, I.D.

Location



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

2

**PERMIT  
 TYPE II**

**LARRY R STOBBS JR**

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 250134

EXPIRES 6/8/2017

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-1 (R6-10)

MO 580-0771 (6-10)

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 STOBBS JR, LARRY  
 Permit No 250134  
 Date Issued 6/8/2015 Date Expires 6/8/2017