



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

**RECEIVED**  
 By Carol Day at 3:52 pm, Jul 18, 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 111761	PRINTER SN 09B.3589.445	DATE OF INSPECTION 06/28/2016
LOCATION OF INSTRUMENT (STREET AND CITY) 202 S.3rd Street Louisiana, Missouri		TIME OF INSPECTION 11:33 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 Guth Laboratories LOT # 16040 EXP. DATE 01/20/2018

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34 SIMULATOR SN SD1451 SIMULATOR EXP DATE 04/27/2017

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 ➔ .099

TEST 2 ➔ .099

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	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).

Instrument Operating Within Established Limits.

**INSPECTING OFFICER**

SIGNATURE *M. M. McCollister*

PRINT NAME  
M. McCollister

TYPE II PERMIT NUMBER/EXPIRATION DATE  
260210/05-03-2018

TELEPHONE NUMBER  
(573) 754-4021

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

# Test 1

AS IV Serial no: 111761  
Version no: 532B

TEST RECORD 00074

Temp Date Time <sup>9/</sup> 210L

Air Blank:  
06/28/16 23:33 .000  
Subject Test: Auto  
22 06/28/16 23:33 .000

Subject Name

Doe, John

Subject I.D.

0000069

Operator Name, I.D.

McCollister, 311

Location

202 S. 3rd Street

Louisiana, MO

AS IV Serial no: 111761  
Version no: 532B

TEST RECORD 00081

Temp Date Time <sup>9/</sup> 210L

Air Blank:  
06/28/16 23:51 .000  
Calibration Check:  
26 06/28/16 23:51 .099

Subject Name

Doe, John

Subject I.D.

0000069

Operator Name, I.D.

McCollister, 311

Location

202 S. 3rd Street

Louisiana, MO

# Test 2

AS IV Serial no: 111761  
Version no: 532B

TEST RECORD 00082

Temp Date Time <sup>9/</sup> 210L

Air Blank:  
06/28/16 23:54 .000  
Calibration Check:  
26 06/28/16 23:54 .099

Subject Name

Doe, John

Subject I.D.

0000069

Operator Name, I.D.

McCollister, 311

Location

202 S. 3rd Street

Louisiana, MO

# Test 3

AS IV Serial no: 111761  
Version no: 532B

TEST RECORD 00083

Temp Date Time <sup>9/</sup> 210L

Air Blank:  
06/28/16 23:56 .000  
Calibration Check:  
26 06/28/16 23:56 .100

Subject Name

Doe, John

Subject I.D.

0000069

Operator Name, I.D.

McCollister, 311

Location

202 S. 3rd Street

Louisiana, MO

# RFI Check

AS IV Serial no: 111761  
Version no: 532B

TEST RECORD 00084

Temp Date Time <sup>9/</sup> 210L

VOID: RFI  
12 06/28/16 23:58

Subject Name

Doe, John

Subject I.D.

0000069

Operator Name, I.D.

McCollister, 311

Location

202 S. 3rd Street

Louisiana, MO



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

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**PERMIT  
 TYPE II**

**MARC A MCCOLLISTER**

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

**ALCO-SENSOR IV WITH PRINTER, INTOX DMT**

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 5/3/2016

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 260210

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

EXPIRES 5/3/2018

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 MCCOLLISTER, MARC  
 Permit No 260210  
 Date Issued 5/3/2016 Date Expires 5/3/2018