



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 105449	NAME OF AGENCY MANCHESTER	DATE OF INSPECTION 8-7-23
LOCATION OF INSTRUMENT (STREET AND CITY) 200 HIGHLANDS BLVD, MANCHESTER MO 63011		TIME OF INSPECTION 0059

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) 25c
- PRINTER WORKING PROPERLY
- TIME AND DATE DISPLAYING PROPERLY

BREATH ALCOHOL ACCURACY STANDARDS

- SIMULATOR SOLUTION COMPRESSED ETHANOL-GAS MIXTURE
- STANDARD SUPPLIER INTOXIMETERS LOT # AG202002 EXP. DATE 01/20/2024
- SIMULATOR TEMPERATURE (34°C ± 0.2°C) SIM. SN SIM. NIST 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 • <u>0.098</u>	TEST 2 • <u>0.098</u>	TEST 3 • <u>0.098</u>
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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	<u>0</u>	(0-.04)	<u>0</u>	(.05-.09)	<u>0</u>	(.10-.14)	<u>0</u>	(.15-.19)	<u>0</u>	(OVER .19)	<u>0</u>
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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>Lowell Mead</i>	PRINT NAME <u>Lowell Mead</u>
TYPE II PERMIT NUMBER/EXPIRATION DATE <u>230047</u> <u>3-27-2025</u>	TELEPHONE NUMBER <u>(636) 227-1410</u>

Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office by mail, fax, or email.

AS 10 Serial no: 105449
Version no: 532B

TEST RECORD 00259

Temp Date Time 210L

Air Blank:

08/07/23 00:54 .000

Calibration Check:

25 08/07/23 00:54 .098

Subject Name

TEST-1

Subject I.D.

Operator Name, I.D.

L Moore 230047

Location

200 Highland

Blvd

AS 10 Serial no: 105449
Version no: 532B

TEST RECORD 00260

Temp Date Time 210L

Air Blank:

08/07/23 00:56 .000

Calibration Check:

25 08/07/23 00:56 .098

Subject Name

TEST-d

Subject I.D.

Operator Name, I.D.

L Moore 230047

Location

200 Highland

AS 10 Serial no: 105449
Version no: 532B

TEST RECORD 00261

Temp Date Time 210L

Air Blank:

08/07/23 00:57 .000

Calibration Check:

26 08/07/23 00:57 .098

Subject Name

TEST-3

Subject I.D.

Operator Name, I.D.

L Moore 230047

Location

200 Highland

RFI

AS 10 Serial no: 105449
Version no: 532B

TEST RECORD 00262

Temp Date Time 210L

VOID: RFI

12 08/07/23 00:58

Subject Name

RFI

Subject I.D.

Operator Name, I.D.

L Moore 230047

Location

200 Highland

1

0

3



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



PERMIT
TYPE II
LOWELL MOORE

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 EC/IR II

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 3/27/2023

NUMBER 230047

EXPIRES 3/27/2025

Mike Mason

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Paula J. Nielson

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 MOORE, LOWELL
Permit No 230047
Date Issued 3/27/2023 **Date Expires** 3/27/2025

