



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 111772	PRINTER SN 03A.2436.036	DATE OF INSPECTION 07/19/2023
LOCATION OF INSTRUMENT (STREET AND CITY) 4001 NE Lakewood CT Lees Summit MO 64064		TIME OF INSPECTION 7:50 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 # AG304002 EXP. DATE 02/09/2025

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 .100 TEST 2 .100 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

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 meets all DHSS standards and guidelines.

INSPECTING OFFICER:

SIGNATURE <i>[Signature]</i> 8/1/2023	PRINT NAME Dep. C. Bennett #81/0481
TYPE II PERMIT NUMBER/EXPIRATION DATE 210203 09/14/2023	TELEPHONE NUMBER (816) 541-8017

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: 111772
Version no: 532B

TEST RECORD 00368 ^{a/}

Temp Date Time 210L

VOID: RFI
12 07/19/23 19:54

Subject Name
Monthly Maint.

Subject I.D.
-

Operator Name, I.D.
Rep. Bennett

Location
JCSO

AS IV Serial no: 111772
Version no: 532B

TEST RECORD 00367 ^{a/}

Temp Date Time 210L

Air Blank:
07/19/23 19:53 .000
Calibration Check:
31 07/19/23 19:53 .100

Subject Name
Monthly Maint.

Subject I.D.
-

Operator Name, I.D.
Rep. Bennett

Location
JCSO

AS IV Serial no: 111772
Version no: 532B

TEST RECORD 00366 ^{a/}

Temp Date Time 210L

Air Blank:
07/19/23 19:52 .000
Calibration Check:
31 07/19/23 19:52 .100

Subject Name
Monthly Maint.

Subject I.D.
-

Operator Name, I.D.
Rep. Bennett

Location
JCSO

AS IV Serial no: 111772
Version no: 532B

TEST RECORD 00365 ^{a/}

Temp Date Time 210L

Air Blank:
07/19/23 19:50 .000
Calibration Check:
30 07/19/23 19:50 .100

Subject Name
Monthly Maint.

Subject I.D.
-

Operator Name, I.D.
Rep. Bennett

Location
JCSO



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

2

PERMIT
TYPE II
CHRISTOPHER BENNETT

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

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 9/14/2021

Laura E. Day

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 210203

Donald A. Korman

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

EXPIRES 9/14/2023

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 BENNETT, CHRISTOPHER
Permit No 210203
Date Issued 9/14/2021 **Date Expires** 9/14/2023

