



RECEIVED

By Brianna Medrano at 7:59 am, Apr 28, 2023

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 111781	NAME OF AGENCY Warsaw Police Department	DATE OF INSPECTION 04/14/2023
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LOCATION OF INSTRUMENT (STREET AND CITY) 181 W. Harrison Street, Warsaw Mo	TIME OF INSPECTION 8:45 pm
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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 # 22310 EXP. DATE 08/11/2024

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.02 SIM. SN MP6529 SIM. NIST EXP DATE 05/05/2023

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 .099
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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	1	(0-.04)	0	(.05-.09)	0	(.10-.14)	1	(.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 opering with established DOH limits.

INSPECTING OFFICER

SIGNATURE 	PRINT NAME Tony Helms
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TYPE II PERMIT NUMBER/EXPIRATION DATE 220130 05/11/2024	TELEPHONE NUMBER (660) 438-5522
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Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office by mail, fax, or email.

AS IV Serial no: 111781
Version no: 532B

TEST RECORD 00112

Temp Date Time ^{g/} 210L

Air Blank: 04/14/23 20:45 .000
Calibration Check: 21 04/14/23 20:45 .099

Subject Name

Test # 1

Subject I.D.

Test # 1

Operator Name, I.D.

T. Helms 220130

Location

181 W Harrison

Warsaw MO

AS IV Serial no: 111781
Version no: 532B

TEST RECORD 00113

Temp Date Time ^{g/} 210L

Air Blank: 04/14/23 20:47 .000
Calibration Check: 22 04/14/23 20:47 .099

Subject Name

Test # 2

Subject I.D.

Test # 2

Operator Name, I.D.

T. Helms 220130

Location

181 W Harrison

Warsaw MO

AS IV Serial no: 111781
Version no: 532B

TEST RECORD 00114

Temp Date Time ^{g/} 210L

Air Blank: 04/14/23 20:48 .000
Calibration Check: 23 04/14/23 20:48 .099

Subject Name

Test # 3

Subject I.D.

Test # 3

Operator Name, I.D.

T. Helms 220130

Location

181 W Harrison

Warsaw MO

AS IV Serial no: 111781
Version no: 532B

TEST RECORD 00115

Temp Date Time ^{g/} 210L

VOID: RFI
12 04/14/23 20:50

Subject Name

RFI Test

Subject I.D.

RFI Test

Operator Name, I.D.

T. Helms 220130

Location

181 W Harrison

Warsaw MO