



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

RECEIVED
 By Tracy Crews at 11:49 am, Jan 16, 2020

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 030800	PRINTER SN 84.9324.155	DATE OF INSPECTION 01/15/2020
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LOCATION OF INSTRUMENT (STREET AND CITY) Jefferson County Sheriff's Office, 410 First Street, Hillsboro, MO 63050	TIME OF INSPECTION 11:25 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

<input type="checkbox"/> SIMULATOR SOLUTION	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>AirGas</u>	LOT # <u>AG808602</u> EXP. DATE <u>03/27/2020</u>
<input type="checkbox"/> 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 ← .099	TEST 2 ← .099	TEST 3 ← .098
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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	(0-.04)	(.05-.09)	(.10-.14)	(.15-.19)	(OVER .19)
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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 	PRINT NAME Deputy Nick Gamm #549
TYPE II PERMIT NUMBER/EXPIRATION DATE 280182 / 05/14/2020	TELEPHONE NUMBER (636) 797-5000

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: 030800
Version no: 532B

TEST RECORD 00166

Temp Date Time ^{a/} 210L

Air Blank:
01/16/20 00:25 .000
Calibration Check:
22 01/16/20 00:25 .099

Subject Name

Test #1

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 030800
Version no: 532B

TEST RECORD 00167

Temp Date Time ^{a/} 210L

Air Blank:
01/16/20 00:28 .000
Calibration Check:
23 01/16/20 00:28 .099

Subject Name

Test #2

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 030800
Version no: 532B

TEST RECORD 00168

Temp Date Time ^{a/} 210L

Air Blank:
01/16/20 00:33 .000
Calibration Check:
24 01/16/20 00:33 .098

Subject Name

Test #3

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 030800
Version no: 532B

TEST RECORD 00169

Temp Date Time ^{a/} 210L

VOID: RFI
12 01/16/20 00:35

Subject Name

RFI

Subject I.D.

Operator Name, I.D.

Location