



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 097408	PRINTER SN 096,3580,872	DATE OF INSPECTION 01/30/2020
LOCATION OF INSTRUMENT (STREET AND CITY) 103 State Highway H, Miner, MO 63801		TIME OF INSPECTION 1:49 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 RepCo Marketing Co. LOT # 19001 EXP. DATE 03/12/2021
- SIMULATOR TEMPERATURE (34°C ± 0.2°C) 33.99 SIMULATOR SN MP4948 SIMULATOR EXP DATE 09/24/2020

- 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 ➡ .102	TEST 3 ➡ .101
---------------	---------------	---------------

- 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).

<b>INSPECTING OFFICER</b>	
SIGNATURE 	PRINT NAME Jessica L. Martin
TYPE II PERMIT NUMBER/EXPIRATION DATE 290231 10/01/2021	TELEPHONE NUMBER (573) 471-8568

**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: 097408  
Version no: 532B

TEST RECORD 00563

Temp Date Time 210L  
s/

Air Blank:  
01/30/20 13:43 .000  
Calibration Check:  
21 01/30/20 13:43 .100

Subject Name

Test # 1

Subject I.D.

Operator Name, I.D.

Martin 290231

Location

103 St Hwy H

Miner, MO 63801

AS IV Serial no: 097408  
Version no: 532B

TEST RECORD 00564

Temp Date Time 210L  
s/

Air Blank:  
01/30/20 13:45 .000  
Calibration Check:  
21 01/30/20 13:45 .102

Subject Name

Test # 2

Subject I.D.

Operator Name, I.D.

Martin 290231

Location

103 St Hwy H

Miner, MO 63801

AS IV Serial no: 097408  
Version no: 532B

TEST RECORD 00565

Temp Date Time 210L  
s/

Air Blank:  
01/30/20 13:47 .000  
Calibration Check:  
22 01/30/20 13:47 .101

Subject Name

Test # 3

Subject I.D.

Operator Name, I.D.

Martin 290231

Location

103 St Hwy H

Miner, MO 63801

AS IV Serial no: 097408  
Version no: 532B

TEST RECORD 00566

Temp Date Time 210L  
s/

VOID: RTI  
12 01/30/20 13:49

Subject Name

Test RTI

Subject I.D.

Operator Name, I.D.

Martin 290231

Location

103 St Hwy H

Miner, MO 63801