



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 10/07/2020
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LOCATION OF INSTRUMENT (STREET AND CITY) 103 State Highway H, Miner, MO 63801	TIME OF INSPECTION 3:30 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 RepCo Marketing Co. LOT # 19002 EXP. DATE 10/16/2021

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 33.99 SIMULATOR SN MP4948 SIMULATOR EXP DATE 10/07/2021

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 .103

TEST 2 .103

TEST 3 .102

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)	1
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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
 Sgt. Jessica 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 00624

Temp Date Time ^{s/} 210L

Air Blank:
10/07/20 15:24 .000
Calibration Check:
23 10/07/20 15:24 .103

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 00625

Temp Date Time ^{s/} 210L

Air Blank:
10/07/20 15:26 .000
Calibration Check:
24 10/07/20 15:26 .103

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 00626

Temp Date Time ^{s/} 210L

Air Blank:
10/07/20 15:27 .000
Calibration Check:
25 10/07/20 15:27 .102

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 00627

Temp Date Time ^{s/} 210L

VOID: RFI
12 10/07/20 15:30

Subject Name

Test RFI

Subject I.D.

Operator Name, I.D.

Martin 290231

Location

103 St Hwy H

Miner, MO 63801