



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 097425	PRINTER SN 096.3580.866	DATE OF INSPECTION 01/14/2020
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LOCATION OF INSTRUMENT (STREET AND CITY) 14301 SOUTH OUTER 40, CHESTERFIELD	TIME OF INSPECTION 9:38 am
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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 INTOXIMETERS, INC. LOT # AG829708 EXP. DATE 10/24/2020

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 → 0.100

TEST 2 → 0.099

TEST 3 → 0.099

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)	1	(.10-.14)	1	(.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 *PO JAHNS*

PRINT NAME
PO JAHNS, DSN 3725

TYPE II PERMIT NUMBER/EXPIRATION DATE
290039 02/20/2021

TELEPHONE NUMBER
(636) 529-8210

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: 097425
Version no: 532B

TEST RECORD 00390

Temp Date Time ^{s/} 210L

Air Blank:
01/14/20 09:40 .000
Calibration Check:
21 01/14/20 09:40 .100

Subject Name

Cal Check #1

Subject I.D.

N/A

Operator Name, I.D.

Jahns 3225

Location

MoDot TMC

AS IV Serial no: 097425
Version no: 532B

TEST RECORD 00391

Temp Date Time ^{s/} 210L

Air Blank:
01/14/20 09:42 .000
Calibration Check:
21 01/14/20 09:42 .099

Subject Name

Cal Check #2

Subject I.D.

N/A

Operator Name, I.D.

Jahns 3225

Location

MoDot TMC

AS IV Serial no: 097425
Version no: 532B

TEST RECORD 00392

Temp Date Time ^{s/} 210L

Air Blank:
01/14/20 09:43 .000
Calibration Check:
21 01/14/20 09:43 .099

Subject Name

Cal Check #3

Subject I.D.

N/A

Operator Name, I.D.

Jahns 3228

Location

MoDot TMC

AS IV Serial no: 097425
Version no: 532B

TEST RECORD 00393

Temp Date Time ^{s/} 210L

VOID: RFI
12 01/14/20 09:45

Subject Name

RFI Check

Subject I.D.

N/A

Operator Name, I.D.

Jahns 3228

Location

MoDot TMC



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

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PERMIT
TYPE II
KYLE JAHNS

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

ALCO-SENSOR IV WITH PRINTER, INTOX DMT

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 2/20/2019

NUMBER 290039

EXPIRES 2/20/2021

MO 580-0771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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 JAHNS, KYLE
Permit No 290039
Date Issued 2/20/2019 **Date Expires** 2/20/2021

