


 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 097427	PRINTER SN 099.3586.080	DATE OF INSPECTION 02/07/2020
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LOCATION OF INSTRUMENT (STREET AND CITY) MSHP Cuba Zone Office	TIME OF INSPECTION 2:00 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 # 18001 EXP. DATE 07/31/2020
 SIMULATOR TEMPERATURE ($34^{\circ}\text{C} \pm 0.2^{\circ}\text{C}$) 34.0 SIMULATOR SN MP2493 SIMULATOR EXP DATE 12/31/2020
 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 $\pm 5\%$ 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 ← .101

TEST 2 ← .101

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
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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

Bryan Silverthorn

TYPE II PERMIT NUMBER/EXPIRATION DATE

280227 07/26/2018

TELEPHONE NUMBER

(573) 368-2345

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: 097427
Version no: 532B

TEST RECORD 00313

Temp Date Time ^{s/} 210L

Air Blank:
02/07/20 14:11 .000
Calibration Check:
23 02/07/20 14:11 .101

Subject Name

Subject I.D.

Operator Name, I.D.

B. SILVENTHORN #955

Location

MSHP CUBA ZONE OFFICE

AS IV Serial no: 097427
Version no: 532B

TEST RECORD 00314

Temp Date Time ^{s/} 210L

VOID: RPT
12 02/07/20 14:13

Subject Name

Subject I.D.

Operator Name, I.D.

B. SILVENTHORN #955

Location

MSHP CUBA ZONE OFFICE

AS IV Serial no: 097427
Version no: 532B

TEST RECORD 00311

Temp Date Time ^{s/} 210L

Air Blank:
02/07/20 14:06 .000
Calibration Check:
23 02/07/20 14:06 .101

Subject Name

Subject I.D.

Operator Name, I.D.

B. SILVENTHORN #955

Location

MSHP CUBA ZONE OFFICE

AS IV Serial no: 097427
Version no: 532B

TEST RECORD 00312

Temp Date Time ^{s/} 210L

Air Blank:
02/07/20 14:08 .000
Calibration Check:
23 02/07/20 14:08 .101

Subject Name

Subject I.D.

Operator Name, I.D.

B. SILVENTHORN #955

Location

MSHP CUBA ZONE OFFICE