



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<br>097427                                       | PRINTER SN<br>099.3586.080 | DATE OF INSPECTION<br>03/06/2020 |
| LOCATION OF INSTRUMENT (STREET AND CITY)<br>MSHP Cuba Zone Office |                            | TIME OF INSPECTION<br>10:05 am   |

**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°C ± 0.2°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 ±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 |
|---------------|---------------|---------------|

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 | 3 | (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).

**INSPECTING OFFICER**

|  |                                    |
|--|------------------------------------|
| SIGNATURE<br>B. Silverthorn                                | PRINT NAME<br>Bryan Silverthorn    |
| TYPE II PERMIT NUMBER/EXPIRATION DATE<br>280227 07/26/2018 | TELEPHONE NUMBER<br>(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 00345

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
03/06/20 10:11 .000  
Calibration Check:  
21 03/06/20 10:11 .099

Subject Name

Subject I.D.

Operator Name, I.D.

BRYAN SILVERTHORN #955

Location

MSHP CUBA ZONE OFFICE

AS IV Serial no: 097427  
Version no: 532B

TEST RECORD 00346

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
03/06/20 10:14 .000  
Calibration Check:  
21 03/06/20 10:14 .099

Subject Name

Subject I.D.

Operator Name, I.D.

BRYAN SILVERTHORN #955

Location

MSHP CUBA ZONE OFFICE

AS IV Serial no: 097427  
Version no: 532B

TEST RECORD 00347

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
03/06/20 10:16 .000  
Calibration Check:  
21 03/06/20 10:16 .098

Subject Name

Subject I.D.

Operator Name, I.D.

BRYAN SILVERTHORN #955

Location

MSHP CUBA ZONE OFFICE

AS IV Serial no: 097427  
Version no: 532B

TEST RECORD 00348

Temp Date Time <sup>s/</sup> 210L

VOID: RTI  
12 03/06/20 10:18

Subject Name

Subject I.D.

Operator Name, I.D.

BRYAN SILVERTHORN #955

Location

MSHP CUBA ZONE OFFICE