



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 099363	PRINTER SN 097.3584.338	DATE OF INSPECTION 02/02/2020
LOCATION OF INSTRUMENT (STREET AND CITY) Troop F Headquarters, 2920 Shamrock Drive, Jefferson City		TIME OF INSPECTION 12:09 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.

<input checked="" type="checkbox"/> DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)
<input checked="" type="checkbox"/> TEMPERATURE OF ALCO SENSOR (10°C - 40°C)
<input checked="" type="checkbox"/> PRINTER WORKING PROPERLY
<input checked="" type="checkbox"/> TIME AND DATE DISPLAYING PROPERLY

BREATH ALCOHOL ACCURACY STANDARDS

<input checked="" type="checkbox"/> SIMULATOR SOLUTION	<input type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>RepCo</u>	LOT # <u>19002</u> EXP. DATE <u>03/12/2021</u>
<input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) <u>34.00</u>	SIMULATOR SN <u>MP2123</u> SIMULATOR EXP DATE <u>12/20/2020</u>
<input checked="" type="checkbox"/> 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)	
<input checked="" type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE	
<input type="checkbox"/> 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE	
<input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE	

TEST 1 .103	TEST 2 .105	TEST 3 .102
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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 M.A. Dickens
TYPE II PERMIT NUMBER/EXPIRATION DATE 290283 12/11/2021	TELEPHONE NUMBER (573) 751-1000

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: 102459
Version no: 532B

TEST RECORD 00576

Temp Date Time ^{s/} 210L

Air Blank:
02/02/20 12:20 .000
Calibration Check:
20 02/02/20 12:20 .105

Subject Name

Test1

Subject I.D.

Operator Name, I.D.

DICKENS 290283

Location

Troop F

AS IV Serial no: 102459
Version no: 532B

TEST RECORD 00577

Temp Date Time ^{s/} 210L

Air Blank:
02/02/20 12:22 .000
Calibration Check:
21 02/02/20 12:22 .105

Subject Name

Test2

Subject I.D.

Operator Name, I.D.

DICKENS 290283

Location

Troop F

AS IV Serial no: 102459
Version no: 532B

TEST RECORD 00578

Temp Date Time ^{s/} 210L

Air Blank:
02/02/20 12:24 .000
Calibration Check:
22 02/02/20 12:24 .104

Subject Name

Test3

Subject I.D.

Operator Name, I.D.

DICKENS 290283

Location

Troop F

AS IV Serial no: 102459
Version no: 532B

TEST RECORD 00579

Temp Date Time ^{s/} 210L

VOID: RFI
12 02/02/20 12:24

Subject Name

RFI

Subject I.D.

Operator Name, I.D.

DICKENS 290283

Location

Troop F