



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 102473	PRINTER SN 08C.3527.124	DATE OF INSPECTION 06/05/2020
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LOCATION OF INSTRUMENT (STREET AND CITY) GREENE COUNTY S/O - 1010 N. BOONVILLE AVE, SPRINGFIELD, MO 65802	TIME OF INSPECTION 7:58 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 INTOXIMETERS LOT # AG830303 EXP. DATE 10/30/2020

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 .100

TEST 2 .099

TEST 3 .097

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-.04)	(.05-.09)	(.10-.14)	(.15-.19)	(OVER .19)
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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).

CHANGED PAPER ROLL

INSPECTING OFFICER

SIGNATURE 	PRINT NAME RYAN DEVOST
TYPE II PERMIT NUMBER/EXPIRATION DATE 290083 Expires: 04/19/2021	TELEPHONE NUMBER (417) 868-4040

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



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



PERMIT
TYPE II
RYAN DEVOST

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 EC/IR II

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 4/19/2019

NUMBER 290083

EXPIRES 4/19/2021

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

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 **DEVOST, RYAN**
Permit No **290083**
Date Issued **4/19/2019** Date Expires **4/19/2021**

AS IV Serial no: 102473
Version no: 532B

TEST RECORD 01472

Temp Date Time ^{a/} 210L

VOID: RFI
12 06/05/20 19:58

Subject Name

RFI TEST
Subject I.D.

Operator Name, I.D.

Location

Ray Dent

AS IV Serial no: 102473
Version no: 532B

TEST RECORD 01473

Temp Date Time ^{a/} 210L

Air Blank:
06/05/20 19:59 .000
Calibration Check:
25 06/05/20 19:59 .000

Subject Name

SOBER Sample
Subject I.D.

Operator Name, I.D.

Location

Ray Dent

AS IV Serial no: 102473
Version no: 532B

TEST RECORD 01476

Temp Date Time ^{a/} 210L

Air Blank:
06/05/20 20:04 .000
Calibration Check:
27 06/05/20 20:04 .097

Subject Name

TEST #3
Subject I.D.

Operator Name, I.D.

Location

Ray Dent

AS IV Serial no: 102473
Version no: 532B

TEST RECORD 01474

Temp Date Time ^{a/} 210L

Air Blank:
06/05/20 20:01 .000
Calibration Check:
26 06/05/20 20:01 .100

Subject Name

TEST #1
Subject I.D.

Operator Name, I.D.

Location

Ray Dent

AS IV Serial no: 102473
Version no: 532B

TEST RECORD 01475

Temp Date Time ^{a/} 210L

Air Blank:
06/05/20 20:02 .000
Calibration Check:
27 06/05/20 20:02 .099

Subject Name

TEST #2
Subject I.D.

Operator Name, I.D.

Location

Ray Dent