

RECEIVED

By Tracy Crews at 11:00 am, Feb 25, 2020

By Tracy Crews at 2:13 pm, Feb 10, 2020



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 102939	PRINTER SN 096.3580.522	DATE OF INSPECTION 02/07/2020
LOCATION OF INSTRUMENT (STREET AND CITY) MSHP Cuba Zone Office		TIME OF INSPECTION 2:40 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 Marketing Co.</u>	LOT # <u>18001</u> EXP. DATE <u>07/31/2020</u>
<input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) <u>34.0</u>	SIMULATOR SN <u>MP2493</u> SIMULATOR EXP DATE <u>12/31/2020</u>

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 ← .101	TEST 2 ← .101	TEST 3 ← .101
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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 Bryan S. Silverthorn
TYPE II PERMIT NUMBER/EXPIRATION DATE 280227 07/26/2020	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: 102939
Version no: 532B

TEST RECORD 00179

Temp Date Time ^{a/} 210L

Air Blank:
02/07/20 14:49 .000
Calibration Check:
23 02/07/20 14:49 .101

Subject Name

Subject I.D.

Operator Name, I.D.

R SILVENTHAW #955
Location

MSAP CUBA ZONE OFFICE

AS IV Serial no: 102939
Version no: 532B

TEST RECORD 00177

Temp Date Time ^{a/} 210L

Air Blank:
02/07/20 14:45 .000
Calibration Check:
23 02/07/20 14:45 .101

Subject Name

Subject I.D.

Operator Name, I.D.

R SILVENTHAW #955
Location

MSAP CUBA ZONE OFFICE

AS IV Serial no: 102939
Version no: 532B

TEST RECORD 00180

Temp Date Time ^{a/} 210L

VOID: RFI
12 02/07/20 14:51

Subject Name

Subject I.D.

Operator Name, I.D.

R SILVENTHAW #955
Location

MSAP CUBA ZONE OFFICE

AS IV Serial no: 102939
Version no: 532B

TEST RECORD 00178

Temp Date Time ^{a/} 210L

Air Blank:
02/07/20 14:48 .000
Calibration Check:
23 02/07/20 14:48 .101

Subject Name

Subject I.D.

Operator Name, I.D.

R SILVENTHAW #955
Location

MSAP CUBA ZONE OFFICE