



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.

- 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 ← .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 <sup>g/</sup> 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 SILVERTHORN #955  
Location

MSHP CUBA ZONE OFFICE

AS IV Serial no: 102939  
Version no: 532B

TEST RECORD 00177

Temp Date Time <sup>g/</sup> 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 SILVERTHORN #955  
Location

MSHP CUBA ZONE OFFICE

AS IV Serial no: 102939  
Version no: 532B

TEST RECORD 00180

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

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

Subject Name

Subject I.D.

Operator Name, I.D.

R SILVERTHORN #955  
Location

MSHP CUBA ZONE OFFICE

AS IV Serial no: 102939  
Version no: 532B

TEST RECORD 00178

Temp Date Time <sup>g/</sup> 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 SILVERTHORN #955  
Location

MSHP CUBA ZONE OFFICE