



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 07/13/2020
LOCATION OF INSTRUMENT (STREET AND CITY) MSHP Cuba Zone Office		TIME OF INSPECTION 2:17 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 MP293 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 .102	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 Cpl. B. Silverthorn
TYPE II PERMIT NUMBER/EXPIRATION DATE 200185 06/04/2022	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 00209

Temp Date Time ^{s/} 210L

Air Blank:
07/13/20 14:20 .000
Calibration Check:
24 07/13/20 14:20 .102

Subject Name

Subject I.D.

Operator Name, I.D.

BRYAN SILVERTHORN #955

Location

MSHP CUBA ZONE OFFICE

AS IV Serial no: 102939
Version no: 532B

TEST RECORD 00211

Temp Date Time ^{s/} 210L

Air Blank:
07/13/20 14:23 .000
Calibration Check:
25 07/13/20 14:23 .101

Subject Name

Subject I.D.

Operator Name, I.D.

BRYAN SILVERTHORN #955

Location

MSHP CUBA ZONE OFFICE

AS IV Serial no: 102939
Version no: 532B

TEST RECORD 00210

Temp Date Time ^{s/} 210L

Air Blank:
07/13/20 14:21 .000
Calibration Check:
25 07/13/20 14:21 .101

Subject Name

Subject I.D.

Operator Name, I.D.

BRYAN SILVERTHORN #955

Location

MSHP CUBA ZONE OFFICE

AS IV Serial no: 102939
Version no: 532B

TEST RECORD 00212

Temp Date Time ^{s/} 210L

VOID: RFI
12 07/13/20 14:24

Subject Name

Subject I.D.

Operator Name, I.D.

BRYAN SILVERTHORN #955

Location

MSHP CUBA ZONE OFFICE