



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 104293	PRINTER SN 09B3590.034	DATE OF INSPECTION 02/01/2020
LOCATION OF INSTRUMENT (STREET AND CITY) 7010 N Holmes, Gladstone, MO (Gladstone PD)		TIME OF INSPECTION 7:53 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 Intoximeters LOT # AG908401 EXP. DATE 03/25/2021

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 .098

TEST 2 .098

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	(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
Eric D. Stock

TYPE II PERMIT NUMBER/EXPIRATION DATE
280121 03/05/2020

TELEPHONE NUMBER
(816) 423-4048

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: 104293
Version no: 532B

TEST RECORD 01382

Temp Date Time ^{a/} 210L

Air Blank:
02/01/20 19:53 .000
Calibration Check:
24 02/01/20 19:53 .098

Subject Name

TEST 1

Subject I.D.

Operator Name, I.D.

E. Stock 280121

Location

Gladstone PD

AS IV Serial no: 104293
Version no: 532B

TEST RECORD 01383

Temp Date Time ^{a/} 210L

Air Blank:
02/01/20 19:55 .000
Calibration Check:
25 02/01/20 19:55 .098

Subject Name

TEST 2

Subject I.D.

Operator Name, I.D.

E Stock 280121

Location

Gladstone PD

AS IV Serial no: 104293
Version no: 532B

TEST RECORD 01384

Temp Date Time ^{a/} 210L

Air Blank:
02/01/20 19:56 .000
Calibration Check:
25 02/01/20 19:56 .097

Subject Name

TEST 3

Subject I.D.

Operator Name, I.D.

E Stock 280121

Location

Gladstone PD

AS IV Serial no: 104293
Version no: 532B

TEST RECORD 01385

Temp Date Time ^{a/} 210L

VOID: RFI
12 02/01/20 19:58

Subject Name

RFI TEST

Subject I.D.

Operator Name, I.D.

E Stock 280121

Location

Gladstone P.D.

AS IV Serial no: 104293
Version no: 532B

TEST RECORD 01386

Temp Date Time ^{a/} 210L

Air Blank:
02/01/20 20:00 .000
Subject Test: Auto
26 02/01/20 20:00 .000

Subject Name

BLANK TEST

Subject I.D.

Operator Name, I.D.

E Stock 280121

Location

Gladstone PD

