



**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 104658	PRINTER SN 096.3580.740	DATE OF INSPECTION 03/10/2020
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LOCATION OF INSTRUMENT (STREET AND CITY) 513 East Grand Avenue, Cameron, MO, 64429	TIME OF INSPECTION 5:13 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**

<input checked="" type="checkbox"/> SIMULATOR SOLUTION	<input type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>Repco</u>	LOT # <u>19001</u> EXP. DATE <u>03/12/2021</u>
<input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) <u>34.0</u>	SIMULATOR SN <u>MP2485</u> SIMULATOR EXP DATE <u>02/11/2021</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)

- 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
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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)	1	(.10-.14)	1	(.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 Corporal M. J. Miller #1418
TYPE II PERMIT NUMBER/EXPIRATION DATE 290019 01/25/2021	TELEPHONE NUMBER (816) 387-2345

**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



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

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**PERMIT**  
**TYPE II**  
**MICHAEL J MILLER**

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 DMT**

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 1/25/2019

NUMBER 290019

EXPIRES 1/25/2021

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** MILLER, MICHAEL  
**Permit No** 290019  
**Date Issued** 1/25/2019    **Date Expires** 1/25/2021

AS IV Serial no: 104658  
Version no: 532B

TEST RECORD 00234

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

Air Blank:  
03/10/28 17:17 .000  
Calibration Check:  
02 03/10/28 17:17 .000

Subject Name

MAINTENANCE #1

Subject I.D.

N/A

Operator Name, I.D.

CPL M. J. MILLER #1418

Location

513 E GRAND AVE

CAMEKON, MO, 64429

AS IV Serial no: 104658  
Version no: 532B

TEST RECORD 00235

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

Air Blank:  
03/10/28 17:21 .000  
Calibration Check:  
02 03/10/28 17:21 .000

Subject Name

MAINTENANCE #2

Subject I.D.

N/A

Operator Name, I.D.

CPL M. J. MILLER #1418

Location

513 E GRAND AVE

CAMEKON, MO, 64429

AS IV Serial no: 104658  
Version no: 532B

TEST RECORD 00236

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

Air Blank:  
03/10/28 17:21 .000  
Calibration Check:  
02 03/10/28 17:21 .000

Subject Name

MAINTENANCE #3

Subject I.D.

N/A

Operator Name, I.D.

CPL M. J. MILLER #1418

Location

513 E GRAND AVE

CAMEKON, MO, 64429

AS IV Serial no: 104658  
Version no: 532B

TEST RECORD 00237

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

NOISE: RFI  
12 03/10/28 17:32

Subject Name

MAINTENANCE RFI

Subject I.D.

N/A

Operator Name, I.D.

CPL M. J. MILLER #1418

Location

513 E GRAND AVE

CAMEKON, MO, 64429