



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 105447	PRINTER SN 099.3586.790	DATE OF INSPECTION 07/13/2020
-----------------------------	----------------------------	----------------------------------

LOCATION OF INSTRUMENT (STREET AND CITY) MSHP Cuba Zone Office	TIME OF INSPECTION 1:35 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) 34.02 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 .100

TEST 2 .100

TEST 3 .100

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)	2	(OVER .19)	0
----------	---	---------	---	-----------	---	-----------	---	-----------	---	------------	---

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
B. Silverthorn

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: 105447
Version no: 532B

TEST RECORD 00958

Temp Date Time 210L

Air Blank:
07/13/20 13:47 .000
Calibration Check:
25 07/13/20 13:47 .100

Subject Name

Subject I.D.

Bryan SILVERTHORN #955

Operator Name, I.D.

MSHP CUBA ZONE OFFICE

Location

AS IV Serial no: 105447
Version no: 532B

TEST RECORD 00960

Temp Date Time 210L

Air Blank:
07/13/20 13:50 .000
Calibration Check:
25 07/13/20 13:50 .100

Subject Name, I.D.
Bryan SILVERTHORN #955

MSHP CUBA ZONE OFFICE

AS IV Serial no: 105447
Version no: 532B

TEST RECORD 00959

Temp Date Time 210L

Air Blank:
07/13/20 13:49 .000
Calibration Check:
25 07/13/20 13:49 .100

Subject Name

Subject I.D.

Operator Name, I.D.

Bryan SILVERTHORN #955

MSHP CUBA ZONE OFFICE

AS IV Serial no: 105447
Version no: 532B

TEST RECORD 00961

Temp Date Time 210L

Air Blank:
07/13/20 13:52 .000
Calibration Check:
25 07/13/20 13:52 .100

Subject Name, I.D.
Bryan SILVERTHORN #955

MSHP CUBA ZONE OFFICE