



**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 105449	PRINTER SN 097.3585.012	DATE OF INSPECTION 06-08-2020
LOCATION OF INSTRUMENT (STREET AND CITY) 200 HIGHLANDS BLVD DR MANCHESTER MO 63011		TIME OF INSPECTION 1120

**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) 22°C

PRINTER WORKING PROPERLY

TIME AND DATE DISPLAYING PROPERLY

**BREATH ALCOHOL ACCURACY STANDARDS**

SIMULATOR SOLUTION  COMPRESSED ETHANOL-GAS MIXTURE

STANDARD SUPPLIER INTOXIMETERS LOT # AG826202 EXP. DATE 09/19/2020

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 • .103 TEST 2 • .102 TEST 3 • .101

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 8 (0-.04) 8 (.05-.09) 8 (.10-.14) 1 (.15-.19) 8 (OVER .19) 8

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 <u>S. J. West</u>	PRINT NAME <u>SJA JON WEST</u>
TYPE II PERMIT NUMBER/EXPIRATION DATE <u>290267 11/05/2021</u>	TELEPHONE NUMBER <u>(636) 227-1410</u>

**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: 185449  
Version no: 5820

TEST RECORD 88682

Temp Date Time <sup>st</sup> 2100

Air Blank:  
06/06/20 11:20 .000  
Calibration Check:  
22 06/06/20 11:20 .183

Subject Name:

Subject J. J.

Operator Name: J. J.

Location

*Sgw*

AS IV Serial no: 185449  
Version no: 5820

TEST RECORD 88683

Temp Date Time <sup>st</sup> 2100

Air Blank:  
06/06/20 11:31 .000  
Calibration Check:  
22 06/06/20 11:31 .182

Subject Name:

Subject J. J.

Operator Name: J. J.

Location

*Sgw*

AS IV Serial no: 185449  
Version no: 5820

TEST RECORD 88684

Temp Date Time <sup>st</sup> 2100

Air Blank:  
06/06/20 11:32 .000  
Calibration Check:  
24 06/06/20 11:32 .181

Subject Name:

Subject J. J.

Operator Name: J. J.

Location

*Sgw*

AS IV Serial no: 185449  
Version no: 5820

TEST RECORD 88685

Temp Date Time <sup>st</sup> 2100

VOID: RFI  
12 06/06/20 11:34

Subject Name:

Subject J. J.

Operator Name: J. J.

Location

*Sgw*



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

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**PERMIT**  
**TYPE II**  
**DANNY E WEST**

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 EC/IR II**

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 11/5/2019

NUMBER 290267

EXPIRES 11/5/2021

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-1 (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** WEST, DANNY  
**Permit No** 290267  
**Date Issued** 11/5/2019    **Date Expires** 11/5/2021