



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.

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|---|-----------------------------------|---|
| ALCO SENSOR IV SN 107975 | PRINTER SN 099.3586.829 | DATE OF INSPECTION 03/16/2020 |
| LOCATION OF INSTRUMENT (STREET AND CITY) 201 East Park Vandalia, MO 63382 | | TIME OF INSPECTION 1112 |

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 Guth LOT # 19160 EXP. DATE 07/09/2021
- SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0 SIMULATOR SN MP3586 SIMULATOR EXP DATE 01/08/2021

- 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

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|----------------------|----------------------|----------------------|
| TEST 1 - 1102 | TEST 2 - 1101 | TEST 3 - 1100 |
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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)

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|----------|----------|---------|----------|-----------|----------|-----------|----------|-----------|----------|------------|----------|
| REFUSALS | 0 | (0-.04) | 0 | (.05-.09) | 0 | (.10-.14) | 1 | (.15-.19) | 0 | (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).

Changed time daylight savings time
Add an hour

INSPECTING OFFICER

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| SIGNATURE | PRINT NAME Christopher Hammann |
| TYPE II PERMIT NUMBER/EXPIRATION DATE 290163 08/01/2021 | TELEPHONE NUMBER 573-619-0184 |

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