



**RECEIVED**

By Stephen Wilson at 10:33 am, Mar 05, 2020

**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 107983	PRINTER SN 099.3586.802	DATE OF INSPECTION 03/04/2020
LOCATION OF INSTRUMENT (STREET AND CITY) 12 S. WATER STREET, LIBERTY, MO 64068		TIME OF INSPECTION 7:02 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 # AG911401 EXP. DATE 04/24/2021

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  .101	TEST 2  .100	TEST 3  .100
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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)	0	(.10-.14)	0	(.15-.19)	1	(OVER .19)	1
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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).

*(Empty space for notes)*

**INSPECTING OFFICER**

SIGNATURE 	PRINT NAME JAMES BUSH
TYPE II PERMIT NUMBER/EXPIRATION DATE 200048 - 01/10/2022	TELEPHONE NUMBER (816) 407-3700

**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: 107983  
Version no: 532B

TEST RECORD 00839

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

Air Blank:  
03/04/20 19:02 .000  
Calibration Check:  
19 03/04/20 19:02 .101

Subject Name

Monthly Test  
Subject I.D.  
1

Operator Name, I.D.

S. Bush #200048

Location

12 S. Water St.

Liberty, MO

AS IV Serial no: 107983  
Version no: 532B

TEST RECORD 00840

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

Air Blank:  
03/04/20 19:03 .000  
Calibration Check:  
20 03/04/20 19:03 .100

Subject Name

Monthly Test  
Subject I.D.  
2

Operator Name, I.D.

S. Bush #200048

Location

12 S. Water St.

Liberty, MO

AS IV Serial no: 107983  
Version no: 532B

TEST RECORD 00841

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

Air Blank:  
03/04/20 19:05 .000  
Calibration Check:  
21 03/04/20 19:05 .100

Subject Name

Monthly Test  
Subject I.D.  
3

Operator Name, I.D.

S. Bush #200048

Location

12 S. Water St.

Liberty, MO

AS IV Serial no: 107983  
Version no: 532B

TEST RECORD 00842

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

VOID: RFI  
12 03/04/20 19:06

Subject Name

Monthly Test  
Subject I.D.  
RFI

Operator Name, I.D.

S. Bush #200048

Location

12 S. Water St.

Liberty, MO





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

2

**PERMIT  
 TYPE II**

**JAMES S. BUSH**

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 1/10/2020

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 200048

EXPIRES 1/10/2022

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 BUSH, JAMES  
 Permit No 200048  
 Date Issued 1/10/2020 Date Expires 1/10/2022