



RECEIVED

By Stephen Wilson at 9:32 am, May 14, 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 107989	PRINTER SN 099.3586.794	DATE OF INSPECTION 05/13/2020
LOCATION OF INSTRUMENT (STREET AND CITY) 1700 US Hwy 67 Florissant Missouri 63031		TIME OF INSPECTION 5:10 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 INTOXIMETERES LOT # AG906601 EXP. DATE 03/07/2021
- 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 .102	TEST 2 .101	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-.04)	(.05-.09)	(.10-.14)	(.15-.19)	(OVER .19)
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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).

Instrument working within D.O.H. guidelines.

INSPECTING OFFICER	
SIGNATURE 623	PRINT NAME Kyle Feldmann DSN 623
TYPE II PERMIT NUMBER/EXPIRATION DATE 280297 10/20/2020	TELEPHONE NUMBER (314) 831-7000

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: 107989
Version no: 532B

TEST RECORD 00961

Temp Date Time ^{s/} 210L

Air Blank:
05/13/20 17:10 .000
Calibration Check:
22 05/13/20 17:10 .102

Subject Name

TEST 1

Subject I.D.

Operator Name, I.D.

FELDMANN 230297

Location

FPD

AS IV Serial no: 107989
Version no: 532B

TEST RECORD 00962

Temp Date Time ^{s/} 210L

Air Blank:
05/13/20 17:12 .000
Calibration Check:
23 05/13/20 17:12 .101

Subject Name

TEST 2

Subject I.D.

Operator Name, I.D.

FELDMANN 230297

Location

FPD

AS IV Serial no: 107989
Version no: 532B

TEST RECORD 00963

Temp Date Time ^{s/} 210L

Air Blank:
05/13/20 17:15 .000
Calibration Check:
24 05/13/20 17:15 .100

Subject Name

TEST 3

Subject I.D.

Operator Name, I.D.

FELDMANN 230297

Location

FPD

AS IV Serial no: 107989
Version no: 532B

TEST RECORD 00964

Temp Date Time ^{s/} 210L

VOID: RFI
12 05/13/20 17:16

Subject Name

RFI

Subject I.D.

Operator Name, I.D.

FELDMANN 230297

Location

FPD

AS IV Serial no: 107989
Version no: 532B

TEST RECORD 00965

Temp Date Time ^{s/} 210L

Air Blank:
05/13/20 17:18 .000
Subject Test: Auto
24 05/13/20 17:18 .000

Subject Name

Blank

Subject I.D.

Operator Name, I.D.

FELDMANN 230297

Location

FPD



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

2

PERMIT
TYPE II
KYLE J FELDMANN

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 10/12/2018

NUMBER 280297

EXPIRES 10/12/2020

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 FELDMANN, KYLE
Permit No 280297
Date Issued 10/12/2018 **Date Expires** 10/12/2020



