



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 when repaired. Send copy to Department of Health and Senior Services; retain original in department file.

RECEIVED repaired.
 By Tracy Crews at 3:38 pm

ALCO SENSOR IV SN 111322	PRINTER SN 099.3586.613	DATE OF INSPECTION 01/25/2020
-----------------------------	----------------------------	----------------------------------

LOCATION OF INSTRUMENT (STREET AND CITY) 4430 Holman Lane, Edmundson, MO 63134	TIME OF INSPECTION 4:14 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, INC. LOT # AG815101 EXP. DATE 05/31/2020

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 ← .099	TEST 2 ← .099	TEST 3 ← .098
---------------	---------------	---------------

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)	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).

Performed to DOH standards

INSPECTING OFFICER

SIGNATURE 	PRINT NAME Patrick Martin 464
---------------	----------------------------------

TYPE II PERMIT NUMBER/EXPIRATION DATE 280221 06-28-2020	TELEPHONE NUMBER (314) 428-4577
--	------------------------------------

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: 111322
Version no: 532B

TEST RECORD 00400

Temp Date Time ^{s/} 210L

Air Blank:
01/26/20 16:15 .000
Calibration Check:
24 01/26/20 16:15 .099

Subject Name

Martin 64

Subject I.D.

Test 1

Operator Name, I.D.

EDPD

Location

AS IV Serial no: 111322
Version no: 532B

TEST RECORD 00401

Temp Date Time ^{s/} 210L

Air Blank:
01/26/20 16:17 .000
Calibration Check:
24 01/26/20 16:17 .099

Subject Name

Martin 64

Subject I.D.

Test 2

Operator Name, I.D.

edpd

Location

AS IV Serial no: 111322
Version no: 532B

TEST RECORD 00402

Temp Date Time ^{s/} 210L

Air Blank:
01/26/20 16:18 .000
Calibration Check:
25 01/26/20 16:18 .098

Subject Name

Martin 64

Subject I.D.

Test 3

Operator Name, I.D.

EDPD

Location

AS IV Serial no: 111322
Version no: 532B

TEST RECORD 00403

Temp Date Time ^{s/} 210L

VOID: RFI
12 01/26/20 16:20

Subject Name

Martin

Subject I.D.

RFI Test

Operator Name, I.D.

edpd

Location



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



PERMIT
TYPE II
PATRICK MARTIN

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 6/28/2018

NUMBER 280221

EXPIRES 6/28/2020

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 MARTIN, PATRICK
 Permit No 280221
 Date Issued 6/28/2018 Date Expires 6/28/2020