



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.

ALCO SENSOR IV SN 111655	PRINTER SN 09B.3589.464	DATE OF INSPECTION 01/09/2020
LOCATION OF INSTRUMENT (STREET AND CITY) 115 E. 69 Highway, Claycomo, MO 64119		TIME OF INSPECTION 5:00 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 # AG912204 EXP. DATE 05/02/2021

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 → .097

TEST 2 → .098

TEST 3 → .099

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	1	(0-.04)	0	(.05-.09)	0	(.10-.14)	3	(.15-.19)	0	(OVER .19)	0
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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 operating within MO DOHSS standards and guidelines.

INSPECTING OFFICER

SIGNATURE

[Signature] 4/18/162

PRINT NAME

P.O. Jason A. Lederer

TYPE II PERMIT NUMBER/EXPIRATION DATE

290190 / 08/26/2021

TELEPHONE NUMBER

(816) 452-4613

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 IU Serial no: 111743
Version no: 532B

AS IU Serial no: 111743
Version no: 532B

AS IU Serial no: 111743
Version no: 532B

TEST RECORD 00490

TEST RECORD 00492

TEST RECORD 00494

Temp	Date	Time	210L
			9/

Temp	Date	Time	210L
			9/

Temp	Date	Time	210L
			9/

Air Blank:
01/09/20 18:39 .000
Calibration Check:
25 01/09/20 18:39 .099

Air Blank:
01/09/20 18:33 .000
Calibration Check:
25 01/09/20 18:33 .100

Air Blank:
01/09/20 18:41 .000
Calibration Check:
25 01/09/20 18:41 .100

Subject Name

Subject Name

Subject Name

TEST #1

TEST #2

TEST #3

Subject I.D.

Subject I.D.

Subject I.D.

Operator Name, I.D.

Operator Name, I.D.

Operator Name, I.D.

Location

Location

Location

AS IU Serial no: 111743
Version no: 532B

AS IU Serial no: 111743
Version no: 532B

TEST RECORD 00495

TEST RECORD 00496

Temp	Date	Time	210L
			9/

Temp	Date	Time	210L
			9/

VOID: RFI
12 01/09/20 18:42

Air Blank:
01/09/20 18:44 .000
Subject Test: Auto
25 01/09/20 18:44 .000

Subject Name

Subject Name

RFI CHECK

SAMPLE TEST

Subject I.D.

Subject I.D.

Operator Name, I.D.

Operator Name, I.D.

Location

Location

LEADER #118/162

PERMIT # 290190

EXP DATE 08/26/21