



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY
ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

RECEIVED
By Tracy Crews at 11:49 am, Jan 16, 2020

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 111772	PRINTER SN 09B.3589.481	DATE OF INSPECTION 01/08/2020
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LOCATION OF INSTRUMENT (STREET AND CITY) 1200 South Holden St. warrensburg Mo 64093 (MSC)	TIME OF INSPECTION 2:55 pm
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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

<input type="checkbox"/> SIMULATOR SOLUTION	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>Intoximeters</u>	LOT # <u>AG910005</u> EXP. DATE <u>04/10/2021</u>
<input type="checkbox"/> 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 ← .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).

New Placement Jackson County Sheriff's Office

INSPECTING OFFICER

SIGNATURE 	PRINT NAME Matthew Bond
TYPE II PERMIT NUMBER/EXPIRATION DATE 290214 09/19/2021	TELEPHONE NUMBER (660) 543-4597

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: 111772
Version no: 532B

TEST RECORD 00105

Temp Date Time ^{a/} 210L

Air Blank:
01/08/20 14:55 .000
Calibration Check:
19 01/08/20 14:55 .101

Subject Name

TEST

Subject I.D.

#1

Operator Name, I.D.

MATT Bond 290214

Location 9-19-2021

MSC

AS IV Serial no: 111772
Version no: 532B

TEST RECORD 00106

Temp Date Time ^{a/} 210L

Air Blank:
01/08/20 14:56 .000
Calibration Check:
20 01/08/20 14:56 .101

Subject Name

TEST

Subject I.D.

#2

Operator Name, I.D.

MATT Bond 290214

Location 9-19-2021

MSC

AS IV Serial no: 111772
Version no: 532B

TEST RECORD 00107

Temp Date Time ^{a/} 210L

Air Blank:
01/08/20 14:58 .000
Calibration Check:
21 01/08/20 14:58 .100

Subject Name

TEST

Subject I.D.

#

Operator Name, I.D.

MATT Bond 290214

Location 9-19-2021

MSC

AS IV Serial no: 111772
Version no: 532B

TEST RECORD 00108

Temp Date Time ^{a/} 210L

VOID: RFI
12 01/08/20 14:59

Subject Name

TEST

Subject I.D.

RFI

Operator Name, I.D.

MATT Bond 290214

Location 9-19-2021

MSC

AS IV Serial no: 111772
Version no: 532B

TEST RECORD 00109

Temp Date Time ^{a/} 210L

Air Blank:
01/08/20 15:01 .000
Subject Test: auto
23 01/08/20 15:01 .000

Subject Name

BLANK

Subject I.D.

TEST

Operator Name, I.D.

MATT Bond 290214

Location 9-19-2021

MSC



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



**PERMIT
 TYPE II**

MATT B BOND

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

INTOX DMT, INTOXILYZER 8000, INTOX EC/IR II, ASIV W/PRINTER

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 9/19/2019

NUMBER 290214

EXPIRES 9/19/2021

[Signature]

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

[Signature]

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES