



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

RECEIVED

By Tracy Crews at 11:56 am, Jan 24, 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 111670	PRINTER SN 09B.3589.548	DATE OF INSPECTION 01/08/2020
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LOCATION OF INSTRUMENT (STREET AND CITY) 1200 South Holden St. Warrensburg Mo 64092 (MSC)	TIME OF INSPECTION 2:16 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

SIMULATOR SOLUTION COMPRESSED ETHANOL-GAS MIXTURE

STANDARD SUPPLIER Intoximeters LOT # AG910005 EXP. DATE 04/10/2021

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 • .098	TEST 2 • .097	TEST 3 • .096
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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 for Vernon County Sheriffs Office

INSPECTING OFFICER

SIGNATURE 	PRINT NAME Matthew Bond
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TYPE II PERMIT NUMBER/EXPIRATION DATE 290214 09/19/2021	TELEPHONE NUMBER (660) 543-4597
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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: 111670
Version no: 532B

TEST RECORD 00133

Temp Date Time ^{s/} 210L

Air Blank:
01/08/20 14:16 .000
Calibration Check:
21 01/08/20 14:16 .098

Subject Name

TEST

Subject I.D.

#1

Operator Name, I.D.

MATT BOND 290214

Location 9-19-2021

MSC

AS IV Serial no: 111670
Version no: 532B

TEST RECORD 00134

Temp Date Time ^{s/} 210L

Air Blank:
01/08/20 14:18 .000
Calibration Check:
22 01/08/20 14:18 .097

Subject Name

TEST

Subject I.D.

#2

Operator Name, I.D.

MATT BOND 290214

Location 9-19-2021

MSC

AS IV Serial no: 111670
Version no: 532B

TEST RECORD 00135

Temp Date Time ^{s/} 210L

Air Blank:
01/08/20 14:19 .000
Calibration Check:
23 01/08/20 14:19 .096

Subject Name

TEST

Subject I.D.

#3

Operator Name, I.D.

MATT BOND 290214

Location 9-19-2021

MSC

AS IV Serial no: 111670
Version no: 532B

TEST RECORD 00136

Temp Date Time ^{s/} 210L

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

Subject Name

TEST

Subject I.D.

RFI

Operator Name, I.D.

MATT BOND 290214

Location 9-19-2021

MSC

AS IV Serial no: 111670
Version no: 532B

TEST RECORD 00137

Temp Date Time ^{s/} 210L

Air Blank:
01/08/20 14:22 .000
Subject Test: Auto
24 01/08/20 14:22 .000

Subject Name

subject

Subject I.D.

Blank

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 DMF, INTOXLYZER 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

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES