



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 102467 | NAME OF AGENCY Camden County SO | DATE OF INSPECTION 07/05/2021 |
| LOCATION OF INSTRUMENT (STREET AND CITY) 1 Court Cir NW, Camdenton, MO 65020 | | TIME OF INSPECTION 0635 |

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 **Repco** LOT # **19002** EXP. DATE **10/16/21**

SIMULATOR TEMPERATURE (34°C ± 0.2°C) **34.0** SIM. SN **SD 2758** SIM. NIST EXP DATE **03/25/2022**

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 .100 | TEST 3 .100 |
|--------------------|--------------------|--------------------|

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).

INSPECTING OFFICER

| | |
|---|---|
| SIGNATURE | PRINT NAME Bryce Easley |
| TYPE II PERMIT NUMBER/EXPIRATION DATE 210097 05/18/2023 | TELEPHONE NUMBER (573) 346-2243 |

Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office by mail, fax, or email.

AS IU Serial no: 102467
Version no: 502F

TEST RECORD 00292

Temp Date Time 210L

Air Blank:
07/05/21 06:51 .000
Calibration Check:
23 07/05/21 06:51 .101

Subject Name

Test 1

Subject I.D.

Operator Name, I.D.

Easley 210097

Location

1 Court Cir NW

Camdenton, mo 65020

AS IU Serial no: 102467
Version no: 502F

TEST RECORD 00293

Temp Date Time 210L

Air Blank:
07/05/21 06:53 .000
Calibration Check:
24 07/05/21 06:53 .100

Subject Name

Test 2

Subject I.D.

Operator Name, I.D.

Easley 210097

Location

1 Court Cir NW

Camdenton, mo 65020

AS IU Serial no: 102467
Version no: 502F

TEST RECORD 00294

Temp Date Time 210L

Air Blank:
07/05/21 06:55 .000
Calibration Check:
24 07/05/21 06:55 .100

Subject Name

Test 3

Subject I.D.

Operator Name, I.D.

Easley 210097

Location

1 Court Cir NW

Camdenton, mo 65020

AS IU Serial no: 102467
Version no: 502F

TEST RECORD 00295

Temp Date Time 210L

VOIP SET
12 07/05/21 06:55

Subject Name

RFI Test

Subject I.D.

Operator Name, I.D.

Easley 210097

Location

1 Court Cir NW

Camdenton, mo 65020

AS IU Serial no: 102467
Version no: 502F

TEST RECORD 00296

Temp Date Time 210L

Air Blank:
07/05/21 07:01 .000
Subject Test: Auto
24 07/05/21 07:01 .000

Subject Name

Blank Test

Subject I.D.

Operator Name, I.D.

Easley 210097

Location

1 Court Cir NW

Camdenton, mo 65020



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

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PERMIT
TYPE II
BRYCE EASLEY

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 DMT

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 5/18/2021

NUMBER 210097

EXPIRES 5/18/2023

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES



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 EASLEY, BRYCE
Permit No 210097
Date Issued 5/18/2021 **Date Expires** 5/18/2023

