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By Tracy Crews at 8:11 am, Jan 12, 2021



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 107995 NAME OF AGENCY Missouri State Highway Patrol DATE OF INSPECTION 1/12/2021

LOCATION OF INSTRUMENT (STREET AND CITY) Troop F, Zone 12 Office, 106 E. Main St, Linn, MO TIME OF INSPECTION 07:10

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 10/16/2021

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.00 SIM. SN MP2417 SIM. NIST EXP DATE 12/17/2021

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 .105 TEST 2 .105 TEST 3 .105

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).

Adjusted time

INSPECTING OFFICER

SIGNATURE *M.A. Dickens*

PRINT NAME
M.A. Dickens

TYPE II PERMIT NUMBER/EXPIRATION DATE
290283 12/11/2021

TELEPHONE NUMBER
(573) 751-1000

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

AS IV Serial no: 107995
Version no: 532B

TEST RECORD 00756

Temp Date Time ^{s/} 210L

Air Blank:
01/12/21 07:10 .000
Calibration Check:
16 01/12/21 07:10 .105

Subject Name

Test 1

Subject I.D.

Operator Name, I.D.

Dickens 290283

Location

Troop F, Zone 12

Office

AS IV Serial no: 107995
Version no: 532B

TEST RECORD 00757

Temp Date Time ^{s/} 210L

Air Blank:
01/12/21 07:12 .000
Calibration Check:
17 01/12/21 07:12 .105

Subject Name

Test 2

Subject I.D.

Operator Name, I.D.

Dickens 290283

Location

Troop F Zone 12 Office

AS IV Serial no: 107995
Version no: 532B

TEST RECORD 00758

Temp Date Time ^{s/} 210L

Air Blank:
01/12/21 07:14 .000
Calibration Check:
17 01/12/21 07:14 .105

Subject Name

Test 3

Subject I.D.

Operator Name, I.D.

Dickens 290283

Location

Troop F Zone 12 Office

AS IV Serial no: 107995
Version no: 532B

TEST RECORD 00759

Temp Date Time ^{s/} 210L

VOID: RFI
12 01/12/21 07:16

Subject Name

RFI

Subject I.D.

Operator Name, I.D.

Dickens 290283

Location

Troop F Zone 12 Office