



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 107917	NAME OF AGENCY PETTES County Sheriff	DATE OF INSPECTION 11-16-2021
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LOCATION OF INSTRUMENT (STREET AND CITY) 1000 S. Holden ST. Winnsboro, MO 64083	TIME OF INSPECTION 11:49 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 Intoximeters	LOT # A6814102 EXP. DATE 5-20-2022
<input type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C)	SIM. SN _____ SIM. NIST 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 1 100	TEST 2 .099	TEST 3 .099
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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).

Re-sealed CPU chip, changed printer battery MSC LAB

SPECTING OFFICER	
SIGNATURE 	PRINT NAME Matt Beard
PERMIT NUMBER/EXPIRATION DATE 710195 9-2-2022	TELEPHONE NUMBER (610) 573-4517

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: 107997
Version no: 532B

TEST RECORD 00526

Temp Date Time 210L

Air Blank: 11/16/21 12:51 .000

Calibration Check: 20 11/16/21 12:51 .099

Subject Name

Subject I.D.

Operator Name, I.D.

Location 9-2-2022

TEST

#1

Matt Bond 210195

9-2-2022

MSC

AS IV Serial no: 107997
Version no: 532B

TEST RECORD 00526

Temp Date Time 210L

Air Blank: 11/16/21 12:51 .000

Calibration Check: 20 11/16/21 12:51 .099

Subject Name

Subject I.D.

Operator Name, I.D.

Location 9-2-2022

TEST

#2

Matt Bond 210195

Location 9-2-2022

MSC

AS IV Serial no: 107997
Version no: 532B

TEST RECORD 00527

Temp Date Time 210L

Air Blank: 11/16/21 12:52 .000

Calibration Check: 20 11/16/21 12:52 .099

Subject Name

Subject I.D.

Operator Name, I.D.

Location 9-2-2022

TEST

#3

Matt Bond 210195

Location 9-2-2022

MSC

AS IV Serial no: 107997
Version no: 532B

TEST RECORD 00528

Temp Date Time 210L

VOID: RFI 12 11/16/21 12:54

Subject Name

Subject I.D.

Operator Name, I.D.

Location 9-2-2022

TEST

RFI

Matt Bond 210195

Location 9-2-2022

MSC

AS IV Serial no: 107997
Version no: 532B

TEST RECORD 00529

Temp Date Time 210L

Air Blank: 11/16/21 12:56 .000

Subject Test: Auto 21 11/16/21 12:56 .000

Subject Name

Subject I.D.

Operator Name, I.D.

Location 9-2-2022

Blank

TEST

Matt Bond 210195

Location 9-2-2022

MSC



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

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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 9/2/2021

NUMBER 210195

EXPIRES 9/2/2023

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R6-10)