



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 111643	PRINTER SN 09B.3589.470	DATE OF INSPECTION 11/02/2021
LOCATION OF INSTRUMENT (STREET AND CITY) 4001 NE Lakewood Way Ct., Lee's Summit, Mo 64064		TIME OF INSPECTION 8:42 pm

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) *21°*
- 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>AG006306</u> EXP. DATE <u>03/03/2022</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)

<input checked="" type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE
<input type="checkbox"/> 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE
<input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE

TEST 1 <i>☛</i> .103	TEST 2 <i>☛</i> .102	TEST 3 <i>☛</i> .102
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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	(0-.04)	0	(.05-.09)	0	(.10-.14)	0	(.15-.19)	0	(OVER .19)	0
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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).
 Instrument meets all DHSS standards and guidelines.

INSPECTING OFFICER	
SIGNATURE <i>[Signature]</i>	PRINT NAME DEP. S. PLAIN
TYPE II PERMIT NUMBER/EXPIRATION DATE 200054 01/10/2022	TELEPHONE NUMBER (816) 524-4302

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: 111643
Version no: 532B

TEST RECORD 00410 s/
Temp Date Time 210L

Air Blank: 11/02/21 20:36 .000
Calibration Check: 21 11/02/21 20:36 .103

Subject Name

Monthly Maint.

Subject I.D.

Operator Name, I.D.

Rep. S. Plam #107

Location

JCSO GHO

AS IV Serial no: 111643
Version no: 532B

TEST RECORD 00411 s/
Temp Date Time 210L

Air Blank: 11/02/21 20:38 .000
Calibration Check: 22 11/02/21 20:38 .102

Subject Name

Monthly Maint.

Subject I.D.

Operator Name, I.D.

Rep. S. Plam #107

Location

JCSO GHO

AS IV Serial no: 111643
Version no: 532B

TEST RECORD 00412 s/
Temp Date Time 210L

Air Blank: 11/02/21 20:39 .000
Calibration Check: 23 11/02/21 20:39 .102

Subject Name

Monthly Maint.

Subject I.D.

Operator Name, I.D.

Rep. S. Plam #107

Location

JCSO GHO

AS IV Serial no: 111643
Version no: 532B

TEST RECORD 00413 s/
Temp Date Time 210L

VOID: RFI
12 11/02/21 20:40

Subject Name

Monthly Maint.

Subject I.D.

Operator Name, I.D.

Rep. S. Plam #107

Location

JCSO GHO



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

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PERMIT
TYPE II
SEAN PLAIN

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

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 1/10/2020

NUMBER 200054

EXPIRES 1/10/2022

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R6-10)



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 PLAIN, SEAN
 Permit No 200054
 Date Issued 1/10/2020 Date Expires 1/10/2022

