



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

RECEIVED
 By Tracy Crews at 8:13 am, Jan 13, 2022

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 111662	NAME OF AGENCY Missouri Safety Center	DATE OF INSPECTION 12/13/2021
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LOCATION OF INSTRUMENT (STREET AND CITY) 1200 S. Holden Street Warrensburg, Mo 64093	TIME OF INSPECTION 10:21 am
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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 <u>Intoximeters</u>	LOT # <u>AG014102</u> EXP. DATE <u>05/20/2022</u>
<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 ➔ .099	TEST 2 ➔ .098	TEST 3 ➔ .097
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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).
 Replaced battery in AS-IV and updated time.

INSPECTING OFFICER

SIGNATURE 	PRINT NAME Ryan Schildknecht
TYPE II PERMIT NUMBER/EXPIRATION DATE 210253 11/12/2023	TELEPHONE NUMBER (660) 543-4573

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: 111662
Version no: 532B

TEST RECORD 00008

Temp Date Time 210L
a/

Air Blank:
12/13/21 10:21 .000
Calibration Check:
19 12/13/21 10:21 .099

Subject Name

Test #1
Subject I.D.

Operator Name, I.D.

Ryan Schildkraut 210253
Location

MSC

AS IV Serial no: 111662
Version no: 532B

TEST RECORD 00009

Temp Date Time 210L
a/

Air Blank:
12/13/21 10:23 .000
Calibration Check:
20 12/13/21 10:23 .098

Subject Name

Test #2
Subject I.D.

Operator Name, I.D. 210253

Ryan Schildkraut
Location

MSC

AS IV Serial no: 111662
Version no: 532B

TEST RECORD 00010

Temp Date Time 210L
a/

Air Blank:
12/13/21 10:24 .000
Calibration Check:
21 12/13/21 10:24 .097

Subject Name

Test #3
Subject I.D.

Operator Name, I.D. 210253

Ryan Schildkraut
Location

MSC

AS IV Serial no: 111662
Version no: 532B

TEST RECORD 00011

Temp Date Time 210L
a/

VOID: RFI
12 12/13/21 10:25

Subject Name

Test #1 RFI
Subject I.D.

Operator Name, I.D. 210253

Ryan Schildkraut
Location

MSC