

RECEIVED

By Tracy Crews at 1:12 pm, Nov 10, 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 111735	NAME OF AGENCY Linn Police Department	DATE OF INSPECTION 11/05/2021
LOCATION OF INSTRUMENT (STREET AND CITY) 1200 East Main Street, Linn, MO 65051		TIME OF INSPECTION 2:43 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) PRINTER WORKING PROPERLY TIME AND DATE DISPLAYING PROPERLY**BREATH ALCOHOL ACCURACY STANDARDS** SIMULATOR SOLUTION COMPRESSED ETHANOL-GAS MIXTURE. STANDARD SUPPLIER RepCo Marketing Co. LOT # 20001 EXP. DATE 10/07/2022 SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.02 SIM. SN MP6021 SIM. NIST EXP DATE 09/03/2022 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% INCLUSIVETEST 1 .097TEST 2 .097TEST 3 .097 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)

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).

No changes since previous maintenance report.

INSPECTING OFFICER

SIGNATURE

PRINT NAME

Michael A. Bickell

TYPE II PERMIT NUMBER/EXPIRATION DATE

TELEPHONE NUMBER

210204, 09/14/2023

(573) 897-2236

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: 111735
Version no: 532B

TEST RECORD 00099

Temp	Date	Time	s/ 210L
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Air Blank:
11/05/21 14:43 .000
Calibration Check:
17 11/05/21 14:43 .097

Subject Name

Maint Test

Subject I.D.

#1

Operator Name, I.D.

M.A. Bickell 210204

Location

Linn Police Dept.

AS IV Serial no: 111735
Version no: 532B

TEST RECORD 00100

Temp	Date	Time	s/ 210L
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Air Blank:
11/05/21 14:45 .000
Calibration Check:
18 11/05/21 14:45 .097

Subject Name

Maint Test

Subject I.D.

#2

Operator Name, I.D.

M.A. Bickell 210204

Location

Linn Police Dept.

AS IV Serial no: 111735
Version no: 532B

TEST RECORD 00101

Temp	Date	Time	s/ 210L
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Air Blank:
11/05/21 14:47 .000
Calibration Check:
18 11/05/21 14:47 .097

Subject Name

Maint Test

Subject I.D.

#3

Operator Name, I.D.

M.A. Bickell 210204

Location

Linn Police Dept.

AS IV Serial no: 111735
Version no: 532B

TEST RECORD 00102

Temp	Date	Time	s/ 210L
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VOID: RFI
12 11/05/21 14:48

Subject Name

Maint Test

Subject I.D.

RFI

Operator Name, I.D.

M.A. Bickell 210204

Location

Linn Police Dept.