



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 111743	PRINTER SN 09B.3589,517	DATE OF INSPECTION 08/13/2021
LOCATION OF INSTRUMENT (STREET AND CITY) 115 E. 69 Highway, Claycomo, MO 64119		TIME OF INSPECTION 11:23 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 Intoximeters LOT # AG109003 EXP. DATE 03/31/2023

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)

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 = .101

TEST 2 = .101

TEST 3 = .100

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).

Instrument operating within MO DOHSS standards and guidelines.

INSPECTING OFFICER

SIGNATURE

Sgt. Jeffrey Kirk #104

PRINT NAME

Sgt. Jeffrey Kirk

TYPE II PERMIT NUMBER/EXPIRATION DATE

200130 / 03/09/22

TELEPHONE NUMBER

(816) 452-4613

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: 111743
Version no: 532B

TEST RECORD 00601

Temp Date Time 210L

Air Blank:
08/13/21 23:23 .000
Calibration Check:
23 08/13/21 23:23 .101

Subject Name

Test #1

Subject I.D.

Operator Name, I.D. 200130

Sgt. Jeffrey Kirk 104
Location Claycomo P.D.
115 E US 69 Hwy

Claycomo, Mo 64119

AS IV Serial no: 111743
Version no: 532B

TEST RECORD 00602

Temp Date Time 210L

Air Blank:
08/13/21 23:25 .000
Calibration Check:
23 08/13/21 23:25 .101

Subject Name

Test #2

Subject I.D.

Operator Name, I.D. 200130

Sgt. Jeffrey Kirk 104
Location Claycomo P.D.
115 E US 69 Hwy

Claycomo, Mo 64119

AS IV Serial no: 111743
Version no: 532B

TEST RECORD 00603

Temp Date Time 210L

Air Blank:
08/13/21 23:28 .000
Calibration Check:
24 08/13/21 23:28 .100

Subject Name

Test #3

Subject I.D.

Operator Name, I.D. 200130

Sgt. Jeffrey Kirk 104
Location Claycomo P.D.
115 E US 69 Hwy

Claycomo, Mo 64119

Temp Date Time 210L

VOID: RFI
12 08/13/21 23:30

Temp Date Time 210L

VOID: RFI
12 08/13/21 23:30

Subject Name

Test # RFI

Subject I.D.

Operator Name, I.D. 200130

Sgt. Jeffrey Kirk 104
Location Claycomo P.D.
115 E US 69 Hwy

Claycomo, Mo 64119

AS IV Serial no: 111743
Version no: 532B

TEST RECORD 00605

Temp Date Time 210L

Air Blank:
08/13/21 23:33 .000
Subject Test: Auto
25 08/13/21 23:33 .000

Subject Name

Self Test

Subject I.D.

Operator Name, I.D. 200130

Sgt. Jeffrey Kirk 104
Location Claycomo P.D.
115 E US 69 Hwy

Claycomo, Mo 64119