



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 097445	NAME OF AGENCY MISSOURI STATE PARK RANGERS	DATE OF INSPECTION 08/11/2022
LOCATION OF INSTRUMENT (STREET AND CITY) LAKE OF THE OZARKS STATE PARK, KAISER MO		TIME OF INSPECTION 11:32 am

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 GUTH LABS LOT # 21190 EXP. DATE 06/08/2023
- SIMULATOR TEMPERATURE (34°C ± 0.2°C) 33.99 SIM. SN MP4945 SIM. NIST EXP DATE 07/27/2022
- 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% INCLUSIVE

TEST 1 0.102	TEST 2 0.101	TEST 3 0.101
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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).

INSPECTING OFFICER

SIGNATURE 	PRINT NAME ELEANORE FERREL
TYPE II PERMIT NUMBER/EXPIRATION DATE 210156 08/24/2023	TELEPHONE NUMBER (417) 204-2067

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: 097445
Version no: 532B

TEST RECORD 00709 ^{g/}
Temp Date Time 210L

Air Blank:
08/11/22 11:43 .000
Calibration Check:
22 08/11/22 11:43 .101

Subject Name

TEST 2

Subject I.D.

TEST 2

Operator Name, I.D.

FERREL 210156

Location

LOSP KAISER

AS IV Serial no: 097445
Version no: 532B

TEST RECORD 00708 ^{g/}
Temp Date Time 210L

Air Blank:
08/11/22 11:41 .000
Calibration Check:
21 08/11/22 11:41 .102

Subject Name

TEST 1

Subject I.D.

TEST 1

Operator Name, I.D.

FERREL 210156

Location

LOSP KAISER

AS IV Serial no: 097445
Version no: 532B

TEST RECORD 00711 ^{g/}
Temp Date Time 210L

VOID: RFI
12 08/11/22 11:46

Subject Name

RADIO 1

Subject I.D.

RADIO 1

Operator Name, I.D.

FERREL 210156

Location

LOSP KAISER

AS IV Serial no: 097445
Version no: 532B

TEST RECORD 00710 ^{g/}
Temp Date Time 210L

Air Blank:
08/11/22 11:45 .000
Calibration Check:
22 08/11/22 11:45 .101

Subject Name

TEST 3

Subject I.D.

TEST 3

Operator Name, I.D.

FERREL 210156

Location

LOSP KAISER