



**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<br>105449   | NAME OF AGENCY<br>MANCHESTER | DATE OF INSPECTION<br>8-11-22 |
| LOCATION OF INSTRUMENT (STREET AND CITY)<br>200 HIGHLANDS BLVD, MANCHESTER MO 63011 |                              | TIME OF INSPECTION<br>1900    |

**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.

|   |
|---|
| <input checked="" type="checkbox"/> DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)          |
| <input checked="" type="checkbox"/> TEMPERATURE OF ALCO SENSOR (10°C - 40°C) <i>22c</i> |
| <input checked="" type="checkbox"/> PRINTER WORKING PROPERLY                            |
| <input checked="" type="checkbox"/> 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>AG202002</u> EXP. DATE <u>01/20/2024</u>   |  |
| <input type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) SIM. SN SIM. NIST EXP DATE  |  |
| <input checked="" type="checkbox"/> CALIBRATION CHECK – (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)<br>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>0.100</i> | TEST 2 • <i>0.096</i> | TEST 3 • <i>0.100</i> |
|-----------------------|-----------------------|-----------------------|

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 <i>2</i> | (0-.04) <i>0</i> | (.05-.09) <i>0</i> | (.10-.14) <i>0</i> | (.15-.19) <i>0</i> | (OVER .19) <i>0</i> |
|-------------------|------------------|--------------------|--------------------|--------------------|---------------------|

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<br><i>Lowell Moore</i>                                 | PRINT NAME<br><i>Lowell Moore</i>         |
| TYPE II PERMIT NUMBER/EXPIRATION DATE<br><i>21007 d 4-6-2023</i> | TELEPHONE NUMBER<br><i>(636) 227-1410</i> |

**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: 105449  
Version no: 532B

TEST RECORD 00200<sup>s/</sup>  
Temp Date Time 210L

Air Blank: 08/11/22 19:03 .000  
Calibration Check: 23 08/11/22 19:03 .100

Subject Name Tsr 3  
Subject I.D. \_\_\_\_\_

Operator Name, I.D. \_\_\_\_\_  
Location L Moore 21007d  
200 Highland Blvd

AS IV Serial no: 105449  
Version no: 532B

TEST RECORD 00199<sup>s/</sup>  
Temp Date Time 210L

Air Blank: 08/11/22 19:02 .000  
Calibration Check: 22 08/11/22 19:02 .096

Subject Name Tsr d  
Subject I.D. \_\_\_\_\_

Operator Name, I.D. \_\_\_\_\_  
Location Lowell Moore 21007d  
200 Highland Blvd

AS IV Serial no: 105449  
Version no: 532B

TEST RECORD 00198<sup>s/</sup>  
Temp Date Time 210L

Air Blank: 08/11/22 19:00 .000  
Calibration Check: 22 08/11/22 19:00 .100

Subject Name Tsr 1  
Subject I.D. \_\_\_\_\_

Operator Name, I.D. \_\_\_\_\_  
Location L Moore 21007d  
200 Highland Blvd

AS IV Serial no: 105449  
Version no: 532B

TEST RECORD 00201<sup>s/</sup>  
Temp Date Time 210L

VOID: RFI  
12 08/11/22 19:27

Subject Name RFI  
Subject I.D. \_\_\_\_\_

Operator Name, I.D. \_\_\_\_\_  
Location L Moore 21007d  
200 Highland Blvd





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

2

**PERMIT**  
**TYPE II**  
**LOWELL MOORE**

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, INTOX EC/IR II**

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 4/6/2021

NUMBER 210072

EXPIRES 4/6/2023

MO 580-0771 (6-10)

  
 DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

  
 DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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 MOORE, LOWELL  
 Permit No 210072  
 Date Issued 4/6/2021 Date Expires 4/6/2023

