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By Tracy Crews at 3:37 pm, Apr 15, 2022

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 111326	PRINTER SN 099.3586.615	DATE OF INSPECTION 04/14/2022
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LOCATION OF INSTRUMENT (STREET AND CITY) Richland PD 201 South Chestnut Street Richland Missouri 65556	TIME OF INSPECTION 2:16 pm
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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** SIMULATOR SOLUTION COMPRESSED ETHANOL-GAS MIXTURE STANDARD SUPPLIER Intoximeters LOT # AG109702 EXP. DATE 04/07/2023 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 → 0.101

TEST 2 → 0.098

TEST 3 → 0.100

 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
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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).

Instrument is operating within established limits.

INSPECTING OFFICER

SIGNATURE

PRINT NAME

David L. Moser

TYPE II PERMIT NUMBER/EXPIRATION DATE

200277 11/05/2022

TELEPHONE NUMBER

(573) 480-4144

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