



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 111649	PRINTER SN 09B.3589.434	DATE OF INSPECTION 02/02/2022
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LOCATION OF INSTRUMENT (STREET AND CITY) Zone D-14 / Cassville, MO	TIME OF INSPECTION 4:05 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 RepCo Marketing, Inc. LOT # 20001 EXP. DATE 10/07/2022

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.02 SIMULATOR SN MP2150 SIMULATOR EXP DATE 01/06/2023

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 ← 0.100%

TEST 2 ← 0.100%

TEST 3 ← 0.099%

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)	2	(.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).

Reset clock.

INSPECTING OFFICER

SIGNATURE *Dr. D.R. Hukill* #383

PRINT NAME
Tpr. D.R. Hukill / #383

TYPE II PERMIT NUMBER/EXPIRATION DATE
210065 / 04/06/2023

TELEPHONE NUMBER
(417) 895-6868

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

MS 10 Serial: not 111649
Version: not 502D

TEST RECORD 00463

Temp Date Time 210L

Air Blank

02/02/22 16:10 .000

Calibration Check:

24 02/02/22 16:10 .100

Subject Name

Accuracy Check

Subject I.D.

Test # 1

Operator Name, I.D.

Tr. D. Hukill #383

Location

Zone D-14

Cassville, MO

MS 10 Serial: not 111649
Version: not 502D

TEST RECORD 00464

Temp Date Time 210L

Air Blank

02/02/22 16:13 .000

Calibration Check:

24 02/02/22 16:13 .100

Subject Name

Accuracy Check

Subject I.D.

Test # 2

Operator Name, I.D.

Tr. D. Hukill #383

Location

Zone D-14

Cassville, MO

MS 10 Serial: not 111649
Version: not 502D

TEST RECORD 00465

Temp Date Time 210L

Air Blank

02/02/22 16:15 .000

Calibration Check:

24 02/02/22 16:15 .000

Subject Name

Accuracy Check

Subject I.D.

Test # 3

Operator Name, I.D.

Tr. D. Hukill #383

Location

Zone D-14

Cassville, MO

MS 10 Serial: not 111649
Version: not 502D

TEST RECORD 00466

Temp Date Time 210L

VOID: RT

12 02/02/22 16:19

Subject Name

RFI Check

Subject I.D.

RFI

Operator Name, I.D.

Tr. D. Hukill #383

Location

Zone D-14

Cassville, MO



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

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PERMIT
TYPE II
DARWIN R HUKILL

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 DMT

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 2/26/2019

NUMBER 290043

EXPIRES 2/26/2021

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

 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 HUKILL, DARWIN
 Permit No 290043
 Date Issued 2/26/2019 Date Expires 2/26/2021

