



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 111672	PRINTER SN 09B.3589.499	DATE OF INSPECTION 09/01/2022
-----------------------------	----------------------------	----------------------------------

LOCATION OF INSTRUMENT (STREET AND CITY) Zone 21 Office - Port of Kimberling Hotel - Kimberling City, MO	TIME OF INSPECTION 1:06 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 Repco Marketing Inc. LOT # 21001 EXP. DATE 01/06/2023

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 33.99 SIMULATOR SN MP2307 SIMULATOR EXP DATE 01/07/2022

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 ← .099

TEST 2 ← .099

TEST 3 ← .098

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).

This instrument is operating within Dept. of Health standards. .10 Solution used.

INSPECTING OFFICER

SIGNATURE 	PRINT NAME Mark D. Green
---------------	-----------------------------

TYPE II PERMIT NUMBER/EXPIRATION DATE 210199 09-09-2023	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

AS IV Serial no: 111672
Version no: 532B

TEST RECORD 00241 ^{9/}
Temp Date Time 210L

VOID: RFI
12 09/01/22 12:53

Subject Name
MD Green

Subject I.D.
940

Operator Name, I.D.
Mark Green 940

Location
Zone Office

Monthly Maint

AS IV Serial no: 111672
Version no: 532B

TEST RECORD 00240 ^{9/}
Temp Date Time 210L

Air Blank:
09/01/22 12:49 .000
Calibration Check:
26 09/01/22 12:49 .098

Subject Name
MD Green

Subject I.D.
940

Operator Name, I.D.
Mark Green 940

Location
Zone Office

Monthly Maint

AS IV Serial no: 111672
Version no: 532B

TEST RECORD 00239 ^{9/}
Temp Date Time 210L

Air Blank:
09/01/22 12:46 .000
Calibration Check:
24 09/01/22 12:46 .099

Subject Name
MD Green

Subject I.D.
940

Operator Name, I.D.
Mark Green 940

Location
Zone Office

Monthly Maint

AS IV Serial no: 111672
Version no: 532B

TEST RECORD 00238 ^{9/}
Temp Date Time 210L

Air Blank:
09/01/22 12:44 .000
Calibration Check:
24 09/01/22 12:44 .099

Subject Name
MD Green

Subject I.D.
940

Operator Name, I.D.
Mark Green 940

Location
Zone Office

Monthly Maint



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

2

PERMIT
TYPE II
MARK D. GREEN

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

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 9/9/2021

Laura P. Wray

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 210199

Donald A. Kamm

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

EXPIRES 9/9/2023

MO 580-0771 (6-10)

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 GREEN, MARK
 Permit No 210199
 Date Issued 9/9/2021 Date Expires 9/9/2023

