

RECEIVED

By Tracy Crews at 2:15 pm, Feb 08, 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 111735	NAME OF AGENCY Linn Police Department	DATE OF INSPECTION 02/07/2022
LOCATION OF INSTRUMENT (STREET AND CITY) 1200 East Main Street, Linn, MO 65051		TIME OF INSPECTION 4:04 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 Co. LOT # 20001 EXP. DATE 10/07/2022 SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.02 SIM. SN MP6021 SIM. NIST EXP DATE 09/03/2022 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 .102

TEST 2 .100

TEST 3 .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-.04)

(.05-.09)

(.10-.14)

(.15-.19)

(OVER .19)

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).

No new changes.

INSPECTING OFFICER

SIGNATURE

PRINT NAME

Michael A. Bickell

TYPE II PERMIT NUMBER/EXPIRATION DATE

210204, 09/14/2023

TELEPHONE NUMBER

(573) 897-2236

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: 111735
Version no: 532B

TEST RECORD 00154

Temp Date Time ^{s/} 210L

Air Blank:
02/07/22 16:04 .000
Calibration Check:
18 02/07/22 16:04 .102

Subject Name

Maint Test

Subject I.D.

#1

Operator Name, I.D.

M.A. Bickell 210204

Location

Linn Police Dept.

AS IV Serial no: 111735
Version no: 532B

TEST RECORD 00155

Temp Date Time ^{s/} 210L

Air Blank:
02/07/22 16:06 .000
Calibration Check:
19 02/07/22 16:06 .100

Subject Name

Maint Test

Subject I.D.

#2

Operator Name, I.D.

M.A. Bickell 210204

Location

Linn Police Dept

AS IV Serial no: 111735
Version no: 532B

TEST RECORD 00156

Temp Date Time ^{s/} 210L

Air Blank:
02/07/22 16:08 .000
Calibration Check:
20 02/07/22 16:08 .099

Subject Name

Maint Test

Subject I.D.

#3

Operator Name, I.D.

M.A. Bickell 210204

Location

Linn Police Dept.

AS IV Serial no: 111735
Version no: 532B

TEST RECORD 00157

Temp Date Time ^{s/} 210L

VOID: RFI
12 02/07/22 16:09

Subject Name

Maint Test

Subject I.D.

RFI

Operator Name, I.D.

M.A. Bickell 210204

Location

Linn Police Dept.