

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

MARCECKA					
Complete this report in duplicate at the time of Send copy to Department of Health and Senio	of the regular monthly por Services; retain origin	reventative mainten al in department file	ance check, and	whenever instrument is repaired.	
ALCO SENSOR IV SN 111779	PRINTER SN 09B.3589.547			NATE OF INSPECTION 11/17/2020	
LOCATION OF INSTRUMENT (STREET AND CITY) Stone County Jail Galena MO				IME OF INSPECTION 17:27	
CHECKLIST: Place a mark in the box by each			ng within establish	ned limits. (Write in observed val-	
ues where determined.) Unmarked items must		ing instrument.			
DIGITAL READOUT (ALL ELEMENTS OF	PERATIONAL)				
TEMPERATURE OF ALCO SENSOR (10°C - 40°C)					
✓ PRINTER WORKING PROPERLY					
☑ TIME AND DATE DISPLAYING PROPERLY					
BREATH ALCOHOL ACCURACY STANDAR	DS				
☑ SIMULATOR SOLUTION ☐ COMPRESSED ETHANOL-GAS MIXTURE					
STANDARD SUPPLIER Guth	LC	_{OT #} 20190	EXP. DATE 0	4/06/2022	
SIMULATOR TEMPERATURE (34°C ± 0.2	2°C) 34.0 SIMU	LATOR SNSD	2282 SIMULA	TOR EXP DATE 11/20/2020	
less. Check the box corresponding to the s 0.100% STANDARD - MUST READ E 0.080% STANDARD - MUST READ E 0.040% STANDARD - MUST READ E	BETWEEN 0.095% and BETWEEN 0.076% and	0.105% INCLUSIVE 0.084% INCLUSIVE			
TEST 1 ☞ .098	TEST 2 .098		TEST 3 ▼ .097		
RFI DETECTOR OPERATING					
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: (DO NOT INCLUDE SELF-ADMINISTERED TESTS)					
Ĭ	1	0	l	1	
	(.0509)		4 - 2	(OVER .19)	
List any new parts and describe any alteratior established limits (use other side if necessary). Changed Time.		as made to restore	me instrument to	operate satisfactorily and within	
INSPECTING OFFICER BIGNATURE			PRINT NAME		
>			Deputy Kyle St	ults	
TYPE II PERMIT NUMBER/EXPIRATION DATE 290292 12/16/2021			TELEPHONE NUMBER (417) 368-4888		
	ohol Program, MO Depa es Boulevard ff, MO 63901	artment of Health an			
O 580-1351 (6-10)	AN EQUAL OPPORTUNITY/AFFI	RMATIVE ACTION EMPLOYER		I AR-114	

AS IV Serial no: 111779 Version no: 532B

TEST RECORD 00346

Temp Date Time 210L

Air Blank:

11/17/20 17:27 .000 Calibration Check:

23 11/17/20 17:27 .000

Subject Name

Stone Co Dail

AS IV Serial no: 111779 Version not 532B

TEST RECORD 60347

Time 218L

Air Blank:

11/17/20 17:30 .000 Calibration Check:

23 11/17/28 17:30 .398

AS IV Serial no: 111779 Version no: 532B

TEST RECORD 80348

Time 218L

Air Blanki

11/17/20 12:33 **.900** Calibration Check:

24 11/17/28 17:33 .898

Subject Wame

125+2

Monthly Maint

Stone Co Sail

AS IV Serial not 111779 Version no: 5828

TEST RECORD 00349

Time 210L Temp Date

Air Blank:

11/17/20 17:35 .000

Calibration Charold 24 [1717/28 17:35 .697

Monthly Maint

Stone Co Jail

AS IV Serial no: 111779 Version not 5320

TEST RECORD 66356

12 11/17/20 17:38

Subject Mame

Monthly Maint

Stone Co Juil



CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 20190 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on April 8, 2020, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1206% (w/vol) ethyl alcohol. The expiration date for this lot number is April 6, 2022 at 11:59 PM.

When used in a calibrated Simulator, operating at



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



PERMIT TYPE II KYLE G STULTS

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.

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DATE12/16/2019	Ws when
NUMBER 29.0292	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
EXPIRES 12/16/2021	for william
NO 500-0771 (G-10)	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES
	LASA (DS to)

STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SERVICES
BREATH ALCOHOL PROGRAM

INSTRUMENT OPERATOR CARD

The named cardholder is outherficed to operate an evidential breath olcohol
Instrument for the determination of the electric content to breath form of expired at
Instrument to the determination of the electric content to breath form of expired at
Instrument to 1015 KYLE

Permit No 290292

Date Issued 12/16/2019 Date Expires 12/16/2021