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	NAME OF AGENCY	DATE OF INSPECTION
LOCATION OF INSTRUMENT (STREET AND CITY)		TIME OF INSPECTION

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 _____ LOT # _____ EXP. DATE _____

☐ SIMULATOR TEMPERATURE (34°C ± 0.2°C) _____ SIM. SN _____ SIM. NIST 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 ☞	TEST 2 ☞	TEST 3 ☞

☐ 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).

_____

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_____

INSPECTING OFFICER

SIGNATURE ▶	PRINT NAME
TYPE II PERMIT NUMBER/EXPIRATION DATE	TELEPHONE NUMBER ( )

Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office by mail, fax, or email.