



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

RECEIVED
By Carol Day at 8:27 am, Jan 14, 2014

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 <u>030794</u>	PRINTER SN <u>84, 9324, 031</u>	DATE OF INSPECTION <u>1-13-2014</u>
LOCATION OF INSTRUMENT (STREET AND CITY) <u>1781 Zumbach Rd, St. Charles, Mo. 63303</u>		TIME OF INSPECTION <u>1319 hrs</u>

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.

<input checked="" type="checkbox"/> DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)	<u>OK</u>
<input checked="" type="checkbox"/> TEMPERATURE OF ALCO SENSOR (10°C - 40°C)	<u>OK</u>
<input checked="" type="checkbox"/> PRINTER WORKING PROPERLY	<u>OK</u>
<input checked="" type="checkbox"/> TIME AND DATE DISPLAYING PROPERLY	<u>OK</u>

BREATH ALCOHOL ACCURACY STANDARDS

<input checked="" type="checkbox"/> SIMULATOR SOLUTION	<input type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>Guth Laboratories</u> LOT # <u>12106</u> EXP. DATE <u>7/18/14</u>	
<input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) <u>33.99</u> SIMULATOR SN <u>1820</u> SIMULATOR EXP DATE <u>4/5/14</u>	
<input checked="" type="checkbox"/> 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)	
<input checked="" type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE	
<input type="checkbox"/> 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE	
<input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE	

TEST 1 - <u>.098</u>	TEST 2 - <u>.098</u>	TEST 3 - <u>.099</u>
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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	<u>1</u> (0-.04)	<u>2</u> (.05-.09)	<u>0</u> (.10-.14)	<u>2</u> (.15-.19)	<u>3</u> (OVER .19)
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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).

INSPECTING OFFICER

SIGNATURE <u>P.O. Daniel Allen 196</u>	PRINT NAME <u>Daniel Allen</u>
TYPE II PERMIT NUMBER/EXPIRATION DATE <u>230256 11/18/2015</u>	TELEPHONE NUMBER <u>(636) 949-3300</u>

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: 030794
Version no: 004C

TEST RECORD 00675

Temp Date Time s/
210L

Air Blank:
01/13/14 13:19 .000
Calibration Check:
22 01/13/14 13:19 .098

Subject Name

Subject I.D.

Operator Name, I.D.

Allen 196

Location

1781 Zumbach

St. Charles, Mo.

AS IV Serial no: 030794
Version no: 004C

TEST RECORD 00677

Temp Date Time s/
210L

Air Blank:
01/13/14 13:23 .000
Calibration Check:
22 01/13/14 13:23 .099

Subject Name

Subject I.D.

Operator Name, I.D.

Allen 196

Location

1781 Zumbach

St. Charles, Mo.

AS IV Serial no: 030794
Version no: 004C

TEST RECORD 00676

Temp Date Time s/
210L

Air Blank:
01/13/14 13:21 .000
Calibration Check:
22 01/13/14 13:21 .098

Subject Name

Subject I.D.

Operator Name, I.D.

Allen 196

Location

1781 Zumbach

AS IV Serial no: 030794
Version no: 004C

TEST RECORD 00678

Temp Date Time s/
210L

Void: RFI
12 01/13/14 13:24

Subject Name

Subject I.D.

Operator Name, I.D.

Allen 196

Location

1781 Zumbach

St. Charles, Mo.



GUTH LABORATORIES, INC.

590 NORTH 87th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-664-6470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number **12100** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **July 20, 2012**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1217%** (w/vol) ethyl alcohol. The expiration date for this lot number is **July 18, 2014** at 11:59 PM.

When used in a calibrated Simulator, operating at 34°C +/- .2°C, this solution will give a breath alcohol analysis instrument reading of **0.100 g/210L +/- 3%**.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President
GUTH LABORATORIES, INC.

NIST Traceability:

Testing was conducted using Cerilliant Reference Standard lot number FN122211-02 whose values are traceable to NIST.

All balances are calibrated annually by an outside agency using NIST traceable weights. Calibration verification is done prior to each use utilizing NIST traceable weights.