DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

RECEIVED
By Carol Day at 8:42 am, Aug 19, 2014

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	PRINTER SN	DATE OF INSPECTION
087963	096.3580.943	8-9-14
LOCATION OF INSTRUMENT (STREET AND CITY)		**TIME OF INSPECTION**
2101 Jeffco Blvd Arnold MO 63010		8:30

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) 23° / 24° / 25°
- ☒ PRINTER WORKING PROPERLY
- ☒ TIME AND DATE DISPLAYING PROPERLY

BREATH ALCOHOL ACCURACY STANDARDS

- ☒ SIMULATOR SOLUTION ☐ COMPRESSED ETHANOL-GAS MIXTURE
- ☒ STANDARD SUPPLIER Guth Labs LOT # 13280 EXP. DATE 10-16-15
- ☒ SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0 SIMULATOR SN SD1909 SIMULATOR EXP DATE 2-16-15
- ☒ 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
.096	.095	.096

- ☒ 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)
Ø	Ø	Ø	3	3	Ø

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	PRINT NAME
▸ [signature] #124	Matthew T. Stivers
TYPE II PERMIT NUMBER/EXPIRATION DATE	**TELEPHONE NUMBER**
230310 12-11-15	636-296-2222

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

GUTH LABORATORIES, INC.
590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-5470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number **13280** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **October 18, 2013,** 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 **October 16, 2015** 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.

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

(2)

PERMIT
TYPE II
MATTHEW T STIVERS

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, DATAMASTER

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 12/11/2013

NUMBER 230310

EXPIRES 12/11/2015

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES, acting director

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 STIVERS, MATTHEW
Permit No 230310
Date Issued 12/11/2013 **Date Expires** 12/11/2015

AS IV Serial no: 087963
Version no: 5321

TEST RECORD 00078

Temp Date Time 210L

Air Blank:
08/09/14 08:35 .000
Calibration Check:
25 08/09/14 08:35 .096

Subject Name
Test

Subject I.D.
124

Operator Name, I.D.

Location
APD

AS IV Serial no: 087963
Version no: 5321

TEST RECORD 00077

Temp Date Time 210L

Air Blank:
08/09/14 08:31 .000
Calibration Check:
24 08/09/14 08:31 .095

Subject Name
Test

Subject I.D.
124

Operator Name, I.D.

Location
APD

AS IV Serial no: 087963
Version no: 5321

TEST RECORD 00076

Temp Date Time 210L

Air Blank:
08/09/14 08:30 .000
Calibration Check:
23 08/09/14 08:30 .096

Subject Name
Test

Subject I.D.
124

Operator Name, I.D.

Location
APD.

AS IV Serial no: 087963
Version no: 5321

TEST RECORD 00080

Temp Date Time 210L

VOID: KFI
12 08/09/14 08:37

Subject Name
TEST

Subject I.D.

Operator Name, I.D.

Location
APD.