



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 STATE PUBLIC HEALTH LABORATORY
ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

RECEIVED
 By Carol Day at 8:28 am, Jan 08, 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 087967	PRINTER SN 08C.3556.200	DATE OF INSPECTION 01/02/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 303 E. 3rd Street Joplin (DWI-2 Vehicle Unit 2119)		TIME OF INSPECTION 3:16 am

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 Guth Lab LOT # 13210 EXP. DATE 07/29/2015

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0 SIMULATOR SN SD3001 SIMULATOR EXP DATE 07/10/2013

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 ← .098

TEST 2 ← .097

TEST 3 ← .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	(0-.04)	0	(.05-.09)	2	(.10-.14)	1	(.15-.19)	2	(OVER .19)	0
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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

PRINT NAME
 Brett Davis

TYPE & PERMIT NUMBER/EXPIRATION DATE
 230157/ 08-14-2015

TELEPHONE NUMBER
 (417) 623-3131

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: 087967
Version no: 004C

TEST RECORD 00795

Temp Date Time 210L

Air Blank:
01/02/14 03:16 .000
Subject Test: Auto
26 01/02/14 03:16 .098

Subject Name

Subject I.D.

Operator Name, I.D.

B. [Signature] 9004
Location

Joplin Jail

DWI-2 Unit 219

AS IV Serial no: 087967
Version no: 004C

TEST RECORD 00797

Temp Date Time 210L

Air Blank:
01/02/14 03:19 .000
Subject Test: Auto
27 01/02/14 03:19 .096

Subject Name

Subject I.D.

Operator Name, I.D.

B. [Signature] 9004
Location

Joplin Jail

DWI-2 Unit 219

AS IV Serial no: 087967
Version no: 004C

TEST RECORD 00796

Temp Date Time 210L

Air Blank:
01/02/14 03:17 .000
Subject Test: Auto
26 01/02/14 03:17 .097

Subject Name

Subject I.D.

Operator Name, I.D.

B. [Signature] 9004
Location

Joplin Jail

DWI-2 Unit 219

AS IV Serial no: 087967
Version no: 004C

TEST RECORD 00798

Temp Date Time 210L

Void: RFI
12 01/02/14 03:20

Subject Name

Subject I.D.

Operator Name, I.D.

B. [Signature] 9004
Location

Joplin Jail

DWI-2 Unit 219



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

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PERMIT
TYPE II
BRETT DAVIS

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

**INTOXILYZER 5000, INTOXILYZER 8000, ALCO-SENSOR IV
W/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.

DATE 8/14/2013

NUMBER 230157

EXPIRES 8/14/2015

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

acting director
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO SR0-C/71 (6-10)

LAB-4 (PE-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 DAVIS, BRETT
Permit No 230157
Date Issued 8/14/2013 Date Expires 8/14/2015



GUTH LABORATORIES, INC.

890 NORTH 67th STREET • HARRISBURG, PA 17111-4811 • TELEPHONE: 717-664-5470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number **13210** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **July 31, 2013**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1216%** (w/vol) ethyl alcohol. The expiration date for this lot number is **July 29, 2015** at 11:59 PM.

When used in a calibrated Simulator, operating at $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$, this solution will give a breath alcohol analysis instrument reading of **0.100 g/210L** $\pm 3\%$.

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.