



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

received 3/7/14 - cd
REPORT #7

REVIEWED

By Carol Day at 1:52 pm, Mar 19, 2014

Complete this report in duplicate at the time of the regular monthly preventative maintenance check, and send copy to Department of Health and Senior Services; retain original in department file.

ALCO SENSOR IV SN 087969	PRINTER SN 08C.3527.186	DATE OF INSPECTION 02/26/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 107 W Main St, Smithville		TIME OF INSPECTION 8:45 pm

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)
<input checked="" type="checkbox"/> TEMPERATURE OF ALCO SENSOR (10°C - 40°C)
<input checked="" type="checkbox"/> PRINTER WORKING PROPERLY
<input checked="" type="checkbox"/> TIME AND DATE DISPLAYING PROPERLY

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>13100</u> EXP. DATE <u>04/23/2015</u>	
<input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) <u>34 C</u> SIMULATOR SN <u>DR5390</u> SIMULATOR EXP DATE <u>07/10/2014</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 \Rightarrow .103	TEST 2 \Rightarrow .103	TEST 3 \Rightarrow .104
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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	1	(0-.04)	6	(.05-.09)	2	(.10-.14)	2	(.15-.19)	2	(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 <i>Kathryn E. Ford</i>	PRINT NAME Kathryn E Ford
TYPE II PERMIT NUMBER/EXPIRATION DATE 230340 12-31-2015	TELEPHONE NUMBER (816) 532-0500

Return completed report to: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office
2875 James Boulevard
Poplar Bluff, MO 63901

AS IV Serial no: 087969
Version no: 004C

AS IV Serial no: 087969
Version no: 004C

AS IV Serial no: 087969
Version no: 004C

TEST RECORD 00958

TEST RECORD 00959

TEST RECORD 00960

Temp Date Time ^{s/} 210L

Temp Date Time ^{s/} 210L

Temp Date Time ^{s/} 210L

Air Blank:
02/26/14 21:36 .000
Calibration Check:
24 02/26/14 21:36 .103

Air Blank:
02/26/14 21:38 .000
Calibration Check:
24 02/26/14 21:38 .103

Air Blank:
02/26/14 21:40 .000
Calibration Check:
24 02/26/14 21:40 .104

Subject Name
Monthly Maintenance
Subject I.D.

Subject Name
Monthly Maintenance
Subject I.D.

Subject Name
Monthly Maintenance
Subject I.D.

Operator Name, I.D. 230340

Operator Name, I.D. 230340

Operator Name, I.D. 230340

Kat Ford #268

Kat Ford #268

Kat Ford #268

Location
Smithville PD

Location
Smithville PD

Location
Smithville 4mo PD

AS IV Serial no: 087969
Version no: 004C

TEST RECORD 00961

Temp Date Time ^{s/} 210L

Void: RFI
12 02/26/14 21:42

Subject Name

Monthly Maintenance

Subject I.D.

RFI TEST

Operator Name, I.D. 230340

Kat Ford #268

Location

Smithville PD



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 13100 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on April 29, 2013, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1214% (w/vol) ethyl alcohol. The expiration date for this lot number is April 23, 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
KATHRYN E FORD

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.

DATE 12/31/2013

NUMBER 230340

EXPIRES 12/31/2015

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

acting director
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 680-0771 (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 FORD, KATHRYN
Permit No 230340
Date issued 12/31/2013 Date Expires 12/31/2015



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 <i>087969</i>	PRINTER SN <i>08C.3527.186</i>	DATE OF INSPECTION <i>2-26-14</i>
LOCATION OF INSTRUMENT (STREET AND CITY) <i>107 W. MAIN ST, SMITHVILLE</i>		TIME OF INSPECTION <i>2045</i>

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 Laboratories* LOT # *13100* EXP. DATE *04/23/2015*

SIMULATOR TEMPERATURE (34°C ± 0.2°C) *34°C* SIMULATOR SN *DR5390* SIMULATOR EXP DATE *7/10/2014*

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)

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TEST 1 <i>.103</i>	TEST 2 <i>.103</i>	TEST 3 <i>.104</i>
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REFUSALS <i>1</i>	(0-.04) <i>6</i>	(.05-.09) <i>2</i>	(.10-.14) <i>2</i>	(.15-.19)	(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
Kathryn E. Ford

PRINT NAME
Kathryn E. Ford

TYPE II PERMIT NUMBER/EXPIRATION DATE
230340 12/31/2015

TELEPHONE NUMBER
816 532 0500

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