MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

RECEIVED
By Carol Day at 1:45 pm, Apr 01, 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
087970	08C 3527 187	04/01/2014

LOCATION OF INSTRUMENT (STREET AND CITY)	TIME OF INSPECTION
P.O. Box 245 or 110 S. Maple St. Galena, Mo. 65656	6:51 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 Laboratories Inc LOT # 13280 EXP. DATE 10/16/2015

☑ SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34 SIMULATOR SN SD2282 SIMULATOR EXP DATE 01/10/2015

☑ 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 ☛ .101	TEST 2 ☛ .102	TEST 3 ☛ .102

☑ 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)
0	0	0	0	0	0

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).

Operates within DOHSS established limits.

INSPECTING OFFICER

SIGNATURE	PRINT NAME
Trent Massey	Sgt. Trent Massey #123
TYPE II PERMIT NUMBER/EXPIRATION DATE	**TELEPHONE NUMBER**
220218 09-04-2014	(417) 357-6116

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.
690 NORTH 67th STREET • HARRISBURG, PA 17111-4611 • 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.

AS IV Serial no: 087970
Version no: 004C

TEST RECORD 00692

Temp	Date	Time	g/210L
Air Blank:			
	04/01/14	06:58	.000
Subject Test: Auto			
24	04/01/14	06:58	.000

Subject Name
Self Test
Subject I.D.
1234
Operator Name, I.D.
Sgt. T. Massey 220218
Location
Stone Co. Jail

AS IV Serial no: 087970
Version no: 004C

TEST RECORD 00691

Temp	Date	Time	g/210L
Void: RFI			
12	04/01/14	06:56	

Subject Name
Monthly Maint
Subject I.D.
1234
Operator Name, I.D.
Sgt. T. Massey 220218
Location
Stone Co. Jail

AS IV Serial no: 087970
Version no: 004C

TEST RECORD 00688

Temp	Date	Time	g/210L
Air Blank:			
	04/01/14	06:51	.000
Calibration Check:			
22	04/01/14	06:51	.101

Subject Name
Monthly Maint
Subject I.D.
1234
Operator Name, I.D.
Sgt. Trent Massey 220218
Location
Stone Co. Jail

AS IV Serial no: 087970
Version no: 004C

TEST RECORD 00689

Temp	Date	Time	g/210L
Air Blank:			
	04/01/14	06:53	.000
Calibration Check:			
22	04/01/14	06:53	.102

Subject Name
Monthly Maint
Subject I.D.
1234
Operator Name, I.D.
Sgt. T. Massey 220218
Location
Stone Co. Jail

AS IV Serial no: 087970
Version no: 004C

TEST RECORD 00690

Temp	Date	Time	g/210L
Air Blank:			
	04/01/14	06:55	.000
Calibration Check:			
23	04/01/14	06:55	.102

Subject Name
Monthly Maint
Subject I.D.
1234
Operator Name, I.D.
Sgt. T. Massey 220218
Location
Stone Co. Jail

State of Missouri
DEPARTMENT OF HEALTH

PERMIT
TYPE II

TRENT MASSEY

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

DATAMASTER; ALCO-SENSOR IV W/PRINTER

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

Date 09/04/2012

Number 220218

Expires 09/04/2014

Director of State Public Health Laboratory

Director, Department of Health

MO 580-0771 (7-88)

Lab. 4 (R7-88)