



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

**RECEIVED**  
 By Carol Day at 12:23 pm, Sep 08, 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 087972	PRINTER SN 08C.3556.386	DATE OF INSPECTION 09/03/2014
LOCATION OF INSTRUMENT (STREET AND CITY) TROOP D, ZONE 3 ZONE OFFICE, BOLIVAR		TIME OF INSPECTION 10:17 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) 25°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 # 13290 EXP. DATE 10/29/2015
- SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.00 SIMULATOR SN MP2146 SIMULATOR EXP DATE 06/18/2015

- 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 <u>.100</u>	TEST 2 <u>.100</u>	TEST 3 <u>.100</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>0</u>	(0-.04)	<u>0</u>	(.05-.09)	<u>0</u>	(.10-.14)	<u>0</u>	(.15-.19)	<u>0</u>	(OVER .19)	<u>0</u>
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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 JOSHUA L. WHITE
TYPE II PERMIT NUMBER/EXPIRATION DATE 240080 03/07/2016	TELEPHONE NUMBER (417) 895-6868

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 17111-4511 • TELEPHONE: 717-564-5470

### CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number **13290** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **October 31, 2013**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1202%** (w/vol) ethyl alcohol. The expiration date for this lot number is **October 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.*

AS IV Serial no: 087972  
Version no: 004C

TEST RECORD 00270

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
09/03/14 10:17 .000  
Calibration Check:  
25 09/03/14 10:17 .100

Subject Name

Subject I.D.

Operator Name, I.D.

TPR. J.L. WHITE 1202

Location

TROOP D ZONE 3  
ZONE OFFICE  
BOLIVAR MO

AS IV Serial no: 087972  
Version no: 004C

TEST RECORD 00272

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
09/03/14 10:20 .000  
Calibration Check:  
25 09/03/14 10:20 .100

Subject Name

Subject I.D.

Operator Name, I.D.

TPR J.L. WHITE 1202

Location

TROOP D ZONE 3  
ZONE OFFICE  
BOLIVAR MO

AS IV Serial no: 087972  
Version no: 004C

TEST RECORD 00271

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
09/03/14 10:19 .000  
Calibration Check:  
25 09/03/14 10:19 .100

Subject Name

Subject I.D.

Operator Name, I.D.

TPR J.L. WHITE 1202

Location

TROOP D ZONE 3  
ZONE OFFICE  
BOLIVAR MO

AS IV Serial no: 087972  
Version no: 004C

TEST RECORD 00273

Temp Date Time <sup>s/</sup> 210L

Void: RFI  
12 09/03/14 10:21

Subject Name

Subject I.D.

Operator Name, I.D.

TPR. J.L. WHITE 1202

Location

TROOP D ZONE 3  
ZONE OFFICE  
BOLIVAR. MO



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

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**PERMIT  
TYPE II**

**JOSHUA L WHITE**

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

**DATAMASTER, INTOX DMT, 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 3/7/2014

NUMBER 240080

EXPIRES 3/7/2016

MO 580-0771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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 WHITE, JOSHUA  
Permit No 240080  
Date Issued 3/7/2014 Date Expires 3/7/2016