



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

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 094803	PRINTER SN 097.3584.348	DATE OF INSPECTION 01/02/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 303 E. 3rd Street Joplin (DWI-1 Vehicle Unit 2330)		TIME OF INSPECTION 2:53 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  .099	TEST 2  .099	TEST 3  .098
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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	0	(0-.04)	0	(.05-.09)	4	(.10-.14)	4	(.15-.19)	0	(OVER .19)	3
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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).

<b>INSPECTING OFFICER</b>	
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: 094803  
Version no: 532B

TEST RECORD 00221

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

Air Blank:  
01/02/14 02:59 .000  
Calibration Check:  
24 01/02/14 02:59 .098

Subject Name

Subject I.D.

Operator Name, I.D.

B I B 9004  
Location

Joplin Jail

DWI-1 Unit 2330

AS IV Serial no: 094803  
Version no: 532B

TEST RECORD 00219

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

Air Blank:  
01/02/14 02:53 .000  
Calibration Check:  
24 01/02/14 02:53 .099

Subject Name

Subject I.D.

Operator Name, I.D.

B I B 9004  
Location

Joplin Jail

DWI-1 Unit 2330

AS IV Serial no: 094803  
Version no: 532B

TEST RECORD 00222

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

VOID: RFI  
12 01/02/14 03:00

Subject Name

Subject I.D.

Operator Name, I.D.

B I B 9004  
Location

Joplin Jail

DWI-1 Unit 2330

AS IV Serial no: 094803  
Version no: 532B

TEST RECORD 00220

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

Air Blank:  
01/02/14 02:54 .000  
Calibration Check:  
24 01/02/14 02:54 .099

Subject Name

Subject I.D.

Operator Name, I.D.

B I B 9004  
Location

Joplin Jail

DWI-1 Unit 2330



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

LAB-4 (R6-10)

MC 580-0771 (6-10)

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.

880 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°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.*