STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

received 2/15/14-cd

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.

REVIEWED
By Carol Day at 10:09 am, Jul 14, 2014

ALCO SENSOR IV SN	PRINTER SN	DATE OF INSPECTION
097409	096.3580.871	02/05/2014

LOCATION OF INSTRUMENT (STREET AND CITY)	TIME OF INSPECTION
103 S. Second St. Steelville MO 65565	8:24 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.

- ☑ 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 Labs LOT # 13210 EXP. DATE 07/29/2015

☑ SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0 SIMULATOR SN SD 2767 SIMULATOR EXP DATE 07/10/2014

☑ 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)

- ☑ 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 ☛ .099	TEST 3 ☛ .098

☑ 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).

Instrument operating within the limits set forth by the Missouri Department of Health.

INSPECTING OFFICER

SIGNATURE	PRINT NAME
Adam Reed	Sgt. Adam D. Reed
TYPE II PERMIT NUMBER/EXPIRATION DATE	**TELEPHONE NUMBER**
220409 12/20/2014	(573) 775-2200

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

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER
services provided on a non-discriminatory basis

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 **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.

AS IV Serial no: 097409
Version no: 004C

TEST RECORD 00340

Temp	Date	Time	s/ 210L
Air Blank:			
	03/25/14	21:49	.000
Calibration Check:			
21	03/25/14	21:49	.098

Subject Name

Subject I.D.

Operator Name, I.D.
Sgt. Adam Reed #401

Location
103 S Second St.

Steelville MO 65565

AS IV Serial no: 097409
Version no: 004C

TEST RECORD 00341

Temp	Date	Time	s/ 210L
Air Blank:			
	03/25/14	21:50	.000
Calibration Check:			
22	03/25/14	21:50	.102

Subject Name

Subject I.D.

Operator Name, I.D.
Sgt. Adam Reed #401

Location
103 S. Second St.

Steelville MO 65565

AS IV Serial no: 097409
Version no: 004C

TEST RECORD 00342

Temp	Date	Time	s/ 210L
Air Blank:			
	03/25/14	21:52	.000
Calibration Check:			
22	03/25/14	21:52	.099

Subject Name

Subject I.D.

Operator Name, I.D.
Sgt. Adam Reed #401

Location
103 S. Second St.

Steelville MO 65565

AS IV Serial no: [illegible]
Version [illegible]

TEST [illegible]

Temp	Date	Time
Void: RFI		
12	03/25/14	[illegible]

Subject Name

Subject I.D.

Operator Name, I.D.
Sgt. Adam Reed

Location
103 S. Second St

Steelville MO 65565

State of Missouri
DEPARTMENT OF HEALTH

PERMIT
TYPE II

ADAM REED

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

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 12/20/2012

Number **220409**

Expires 12/20/2014

Director of State Public Health Laboratory

ACTING DIRECTOR

Director, Department of Health

MO 580-0771 (7-88)

Lab. 4 (R7-88)