

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

**RECEIVED** REPORT #  
By Carol Day at 11:54 am, Sep 10, 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 097409	PRINTER SN 096.3580.871	DATE OF INSPECTION 08/29/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 103 S. Second St. Steelville MO 65565		TIME OF INSPECTION 4:48 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 07/14/2015

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 → .098

TEST 2 → .099

TEST 3 → .100

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)	0	(.10-.14)	0	(.15-.19)	0	(OVER .19)	1
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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).

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

**INSPECTING OFFICER**

SIGNATURE <i>Adam D. Reed</i>	PRINT NAME Sgt. Adam D. Reed
TYPE II PERMIT NUMBER/EXPIRATION DATE 220409 12/20/2014	TELEPHONE NUMBER (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



**GUTH LABORATORIES, INC.**

590 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 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 00066 s/  
Temp Date Time 210L  
Air Blank: 08/29/14 16:50 .000  
Calibration Check: 21 08/29/14 16:50 .099  
Subject Name

Subject I.D.

Operator Name, I.D.  
Sgt. Adam D. Reed #401  
Location  
103 S. Second St.

Steelville MO 65565

AS IV Serial no: 097409  
Version no: 004C  
TEST RECORD 00067 s/  
Temp Date Time 210L  
Air Blank: 08/29/14 16:52 .000  
Calibration Check: 21 08/29/14 16:52 .100  
Subject Name

Subject I.D.

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

103 S. Second St.

Steelville MO 65565

AS IV Serial no: 097409  
Version no: 004C  
TEST RECORD 00065 s/  
Temp Date Time 210L  
Air Blank: 08/29/14 16:48 .000  
Calibration Check: 20 08/29/14 16:48 .098  
Subject Name

Subject I.D.

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

103 S. Second St.

Steelville MO 65565

AS IV Serial no: 097409  
Version no: 004C  
TEST RECORD 00068 s/  
Temp Date Time 210L  
Air Blank: 08/29/14 16:48 .000  
Calibration Check: 22 08/29/14 16:48 .098  
Subject Name

Subject I.D.

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

103 S. Second St.

Steelville MO 65565

State of Missouri  
DEPARTMENT OF HEALTH



P E R M I T  
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