



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

**RECEIVED**  
 By Carol Day at 3:05 pm, Mar 19, 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 097410	PRINTER SN 096.3580.983	DATE OF INSPECTION 03/14/2014
LOCATION OF INSTRUMENT (STREET AND CITY) Hazelwood BAT VAN		TIME OF INSPECTION 7:32 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 Laboratories, INC.      LOT # 13280      EXP. DATE 10/16/2015

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0      SIMULATOR SN SD2742      SIMULATOR EXP DATE 11/14/2014

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 ← .105	TEST 2 ← .105	TEST 3 ← .105
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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)	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).

The instrument is operating within D.O.H.S.S. specifications. No repairs were made to the instrument. Guth Laboratories certified alcohol reference solution was used, which created a .10 vapor, bottle number 1007

<b>INSPECTING OFFICER</b>	
SIGNATURE 	PRINT NAME Anthony T. Kristo
TYPE II PERMIT NUMBER/EXPIRATION DATE 230269, 11-26-2015	TELEPHONE NUMBER (314) 838-5000

**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: 097410  
Version no: 004C

TEST RECORD 01327

Temp Date Time 210L

Air Blank:  
03/14/14 19:32 .000  
Calibration Check:  
21 03/14/14 19:32 .105

Subject Name

TEST

Subject I.D.

N/A

Operator Name, I.D.

KRSTO 230269

Location

~~41572M~~ BAT Van

AS IV Serial no: 097410  
Version no: 004C

TEST RECORD 01328

Temp Date Time 210L

Air Blank:  
03/14/14 19:34 .000  
Calibration Check:  
21 03/14/14 19:34 .105

Subject Name

TEST

Subject I.D.

N/A

Operator Name, I.D.

KRSTO 230269

Location

BAT Van

AS IV Serial no: 097410  
Version no: 004C

TEST RECORD 01331

Temp Date Time 210L

Void: RFI  
12 03/14/14 19:39

Subject Name

TEST

Subject I.D.

N/A

Operator Name, I.D.

KRSTO 230269

Location

BAT Van

TEST RECORD 01330

Temp Date Time 210L

Air Blank:  
03/14/14 19:37 .000  
Calibration Check:  
22 03/14/14 19:37 .105

Subject Name

TEST

Subject I.D.

N/A

Operator Name, I.D.

KRSTO 230269

Location

BAT Van



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
STATE PUBLIC HEALTH LABORATORY

**ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT**

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.

ALCO SENSOR IV SN 097410	PRINTER SN 096.3580.983	DATE OF INSPECTION 03/15/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 415 Elm Grove Lane Hazelwood, MO 63042		TIME OF INSPECTION 2:42 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**

<input checked="" type="checkbox"/> SIMULATOR SOLUTION	<input type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>Guth Laboratories, INC.</u> LOT # <u>13280</u> EXP. DATE <u>10/16/2015</u>	
<input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) <u>34.0</u> SIMULATOR SN <u>SD2742</u> SIMULATOR EXP DATE <u>11/14/2014</u>	

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 ← .105	TEST 2 ← .105	TEST 3 ← .105
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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)	0	(.10-.14)	0	(.15-.19)	0	(OVER .19)	0
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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).

The instrument is operating within D.O.H.S.S. specifications. No repairs were made to the instrument. Guth Laboratories certified alcohol reference solution was used, which created a .10 vapor, bottle number 1007

**INSPECTING OFFICER**

SIGNATURE 	PRINT NAME Anthony T. Kristo
TYPE II PERMIT NUMBER/EXPIRATION DATE 230269, 11-26-2015	TELEPHONE NUMBER (314) 838-5000

**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: 097410  
Version no: 004C

TEST RECORD 01339

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

Air Blank:

03/15/14 02:46 .000

Calibration Check:

22 03/15/14 02:46 .165

Subject Name

TEST

Subject I.D.

N/A

Operator Name, I.D.

Kristo, 230269

Location

415 ELM GROVE C

Hazelwood, MO

63042

AS IV Serial no: 097410  
Version no: 004C

TEST RECORD 01338

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

Air Blank:

03/15/14 02:44 .000

Calibration Check:

21 03/15/14 02:44 .165

Subject Name

TEST

Subject I.D.

N/A

Operator Name, I.D.

Kristo, 230269

Location

415 ELM GROVE C

Hazelwood, MO

63042

AS IV Serial no: 097410  
Version no: 004C

TEST RECORD 01337

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

Air Blank:

03/15/14 02:42 .000

Calibration Check:

20 03/15/14 02:42 .165

Subject Name

TEST

Subject I.D.

N/A

Operator Name, I.D.

Kristo 230269

Location

415 ELM GROVE C

Hazelwood, MO

AS IV Serial no: 097410  
Version no: 004C

TEST RECORD 01340

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

Void: RFI

12 03/15/14 02:47

Subject Name

TEST

Subject I.D.

N/A

Operator Name, I.D.

Kristo 230269

Location

415 ELM GROVE C

Hazelwood, MO

63042



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

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**PERMIT**  
**TYPE II**  
**ANTHONY T KRISTO**

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 EC/IR II, 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 11/26/2013  
 NUMBER 230269  
 EXPIRES 11/26/2015

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

,acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

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 KRISTO, ANTHONY  
 Permit No 230269  
 Date Issued 11/26/2013 Date Expires 11/26/2015



**GUTH LABORATORIES, INC.**

800 NORTH 67th STREET • HARRISBURG, PA 17111-4611 • TELEPHONE: 717-644-6470

## 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 FNI22211-02 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.*