MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

RECEIVED
By Carol Day at 1:37 pm, Feb 04, 2014

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	PRINTER SN	DATE OF INSPECTION
097413	091.3580.867	01/23/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 52 YOUNG DR CALVERTON PARK MO 63135		TIME OF INSPECTION 1013

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 LABPRATORIES LOT # 13210 EXP. DATE 07/29/2015

☑ SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34C SIMULATOR SN SD3327 SIMULATOR EXP DATE 01/13/2015

☑ 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 ☞ .103	TEST 2 ☞ .103	TEST 3 ☞ .104

☑ 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).

GUTH LAB .100 13210 EXP DATE 07/29/2015

INSPECTING OFFICER

SIGNATURE	PRINT NAME
L Moore	Lowell Moore
TYPE II PERMIT NUMBER/EXPIRATION DATE 220110 05/09/2014	TELEPHONE NUMBER (314) 524-1212

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 nondiscriminatory 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.

RFI

AS IV Serial no: 097413
Version no: 004C

TEST RECORD 00423

Temp	Date	Time	s/ 210L
Void: RFI			
12	01/23/14	10:18	

Subject Name

Subject I.D.

SM 22010

Operator Name, I.D.

Location

AS IV Serial no: 097413
Version no: 004C

TEST RECORD 00420

Temp	Date	Time	s/ 210L
Air Blank:			
	01/23/14	10:13	.000
Calibration Check:			
20	01/23/14	10:13	.103

Subject Name

Subject I.D.

LMm 220110

Operator Name, I.D.

Location

2

AS IV Serial no: 097413
Version no: 004C

TEST RECORD 00421

Temp	Date	Time	s/ 210L
Air Blank:			
	01/23/14	10:15	.000
Calibration Check:			
20	01/23/14	10:15	.103

Subject Name

Subject I.D.

LMm 220110

Operator Name, I.D.

Location

3

AS IV Serial no: 097413
Version no: 004C

TEST RECORD 00422

Temp	Date	Time	s/ 210L
Air Blank:			
	01/23/14	10:16	.000
Calibration Check:			
21	01/23/14	10:16	.104

Subject Name

Subject I.D.

220110 LM

Operator Name, I.D.

Location

State of Missouri
DEPARTMENT OF HEALTH

PERMIT
TYPE II

LOWELL MOORE

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 05/09/2012

Number 220110

Expires 05/09/2014

Director of State Public Health Laboratory

Director, Department of Health

MO 580-0771 (7-89)

Lab. 4 (R7-88)