



**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 097414	PRINTER SN 08C.3527.127	DATE OF INSPECTION 07/09/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 7777 NE Birmingham Rd      Randolph, Mo    64161		TIME OF INSPECTION 9:50 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 SD3141      SIMULATOR EXP DATE 09/18/2014

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  .101	TEST 2  .102	TEST 3  .102
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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)	1	(.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).

PERFORMED MONTHLY MAINTENANCE CHECK

**INSPECTING OFFICER**

SIGNATURE 	PRINT NAME ED KLINE
TYPE II PERMIT NUMBER/EXPIRATION DATE 230205      09/23/2015	TELEPHONE NUMBER (816) 455-9323

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.**

690 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.*



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

**PERMIT**  
**TYPE II**  
**EDDIE J KLINE**

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

**ALCO-SENSOR IV WITH PRINTER**

for the determination of the alcoholic content of blood from a sample of expired air Permit issued under the provisions of  
 577 020 through 577 041, RSMo and 306 111 through 306 119 RSMo

DATE 9/23/2013

NUMBER 230205

EXPIRES 9/23/2015

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES  
acting director



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 KLINE, EDDIE  
 Permit No 230205  
 Date Issued 9/23/2013 Date Expires 9/23/2015

2

AS IV Serial no: 097414  
Version no: 532B

TEST RECORD 00225

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

Air Blank:  
07/09/14 21:52 .000  
Calibration Check:  
19 07/09/14 21:52 .102

Subject Name

Kline

Subject I.D.

656

Operator Name, I.D.

Monthly Check

Location

Randolph P.D.

3

AS IV Serial no: 097414  
Version no: 532B

TEST RECORD 00226

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

Air Blank:  
07/09/14 21:54 .000  
Calibration Check:  
19 07/09/14 21:54 .102

Subject Name

Kline

Subject I.D.

656

Operator Name, I.D.

Monthly Check

Location

Randolph P.D.

1

AS IV Serial no: 097414  
Version no: 532B

TEST RECORD 00224

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

Air Blank:  
07/09/14 21:50 .000  
Calibration Check:  
18 07/09/14 21:50 .101

Subject Name

Kline

Subject I.D.

656

Operator Name, I.D.

Monthly Check

Location

Randolph P.D.

RFI

AS IV Serial no: 097414  
Version no: 532B

TEST RECORD 00227

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

VOID: RFI  
12 07/09/14 21:57

Subject Name

Kline

Subject I.D.

656

Operator Name, I.D.

Monthly Check

Location

Randolph P.D.