MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

RECEIVED
By Carol Day at 11:28 am, Dec 09, 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	PRINTER SN	DATE OF INSPECTION
097415	03A.2436.040	11/30/2014

LOCATION OF INSTRUMENT (STREET AND CITY)	TIME OF INSPECTION
11 Washington, Buckner, MO 64016	0103

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 LOT # 13280 EXP. DATE 10/16/2015

☑ SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34 SIMULATOR SN 094948 SIMULATOR EXP DATE 08/14/2015

☑ 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 ☛ .083	TEST 2 ☛ .078	TEST 3 ☛ .079

☑ 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	1	(0-.04)	1	(.05-.09)	(.10-.14)	(.15-.19)	(OVER .19)

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).

N/A

INSPECTING OFFICER

SIGNATURE	PRINT NAME
	Lauren R. Onka
TYPE II PERMIT NUMBER/EXPIRATION DATE	**TELEPHONE NUMBER**
240421 11/24/2016	(816) 650-3939

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 **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.

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

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PERMIT
TYPE II
LAUREN R ONKA

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, 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 sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 11/24/2014

NUMBER 240421

EXPIRES 11/24/2016

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Gail Vasterling ,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 ONKA, LAUREN
Permit No 240421
Date Issued 11/24/2014 Date Expires 11/24/2016

AS IV Serial no: 097415
Version no: 532B

TEST RECORD 00225

Temp	Date	Time	s/ 210L

Air Blank:
11/30/14 03:12 .000
Subject Test: Man
25 11/30/14 03:12 .003

Subject Name

Subject I.D.

Operator Name, I.D.
Lonka

Location
11 Washington
Buckner, MO

AS IV Serial no: 097415
Version no: 532B

TEST RECORD 00222

Temp	Date	Time	s/ 210L

VOID: RTS
12 11/30/14 03:03

Subject Name

Subject I.D.

Operator Name, I.D.
Lonka

Location
11 Washington
Buckner, MO

AS IV Serial no: 097415
Version no: 532B

TEST RECORD 00222

Temp	Date	Time	s/ 210L

Air Blank:
11/30/14 01:20 .000
Subject Test: Auto
25 11/30/14 01:20 .000

Subject Name

Subject I.D.
Laurel Dika

Operator Name, I.D.
11 Washington

Location
Buckner, MO

AS IV Serial no: 097415
Version no: 532B

TEST RECORD 00231

Temp	Date	Time	s/ 210L

Air Blank:
11/30/14 03:15 .000
Subject Test: Man
25 11/30/14 03:15 .073

Subject Name

Subject I.D.
Lonka

Operator Name, I.D.
11 Washington

Location
Buckner, MO