MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

RECEIVED
By Carol Day at 4:12 pm, Mar 20, 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
097416	096.3580.864	03/06/2014

LOCATION OF INSTRUMENT (STREET AND CITY)	TIME OF INSPECTION
4750 Chouteau, Neosho	2:09 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 SD3143 SIMULATOR EXP DATE 01/16/2015

☑ 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 ☛ .101	TEST 2 ☛ .101	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-.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).

INSPECTING OFFICER

SIGNATURE	PRINT NAME
▸	Josey J. Long
TYPE II PERMIT NUMBER/EXPIRATION DATE	**TELEPHONE NUMBER**
220366 10/16/2014	(417) 895-6868

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 **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 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: 097416
Version no: 004C

TEST RECORD 00192

Temp	Date	Time	g/210L

Air Blank:
03/06/14 14:12 .000
Calibration Check:
22 03/06/14 14:12 .100

Subject Name

Subject I.D.

1282

Operator Name, I.D.

Location

AS IV Serial no: 097416
Version no: 004C

TEST RECORD 00190

Temp	Date	Time	g/210L

Air Blank:
03/06/14 14:09 .000
Calibration Check:
21 03/06/14 14:09 .101

Subject Name

Subject I.D.

1282

Operator Name, I.D.

Location

AS IV Serial no: 097416
Version no: 004C

TEST RECORD 00193

Temp	Date	Time	g/210L

Void: RFI
12 03/06/14 14:13

Subject Name

Subject I.D.

1282

Operator Name, I.D.

Location

AS IV Serial no: 097416
Version no: 004C

TEST RECORD 00191

Temp	Date	Time	g/210L

Air Blank:
03/06/14 14:11 .000
Calibration Check:
21 03/06/14 14:11 .101

Subject Name

Subject I.D.

1282

Operator Name, I.D.

Location

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

APPLICATION FOR TYPE III PERMIT FOR OPERATION OF BREATH ALCOHOL ANALYZERS

THIS APPLICATION IS FOR	CURRENT PERMIT NUMBER AND EXPIRATION DATE	EMAIL ADDRESS FOR COMPLETED PERMIT
☐ NEW PERMIT ☑ RENEWAL	321469 07-09-2014	travis.coffey@mshp.dps.mo.gov

PRINT FULL NAME	TITLE	AGE
Travis L. Coffey	Trooper	30

SOCIAL SECURITY NUMBER	
492-92-7920	A disclosure concerning your SSN number is available at: http://www.health.mo.gov/lab/breathalcohol/

DEPARTMENT OR TROOP	TELEPHONE
MSHP Troop D	(417) 895-6767

BUSINESS ADDRESS (STREET, CITY, STATE, ZIP CODE)
3131 East Kearney, Springfield, Missouri, 65803

LIST ALL ORIGINAL TRAINING COURSES FOR OPERATION OF BREATH ANALYZERS.
(Also, please be sure an ✓ is placed beside ALL breath analyzer(s) for which you are requesting a permit.)

DATES OF COURSE	LOCATION OF COURSE	COURSE LENGTH (HRS.)	NAME & MODEL OF BREATH ANALYZER	PLACE AN ✓ BESIDE INSTRUMENTS FOR WHICH YOU ARE REQUESTING A PERMIT	NAME OF INSTRUCTOR
04-23-2009	M.S.H.P. L.E.A	25	DATAMASTER	☑	CUMMING
09-02-2010	WCSD Warrenton, MO	2	DATAMASTER	☑	GRAUE
				☐	

IF THIS IS AN APPLICATION FOR A NEW PERMIT, INCLUDE A COPY OF APPLICANT'S EXAM

IF THIS IS A RENEWAL APPLICATION, AND/OR YOU ARE ADDING A NEW INSTRUMENT TO YOUR CURRENT PERMIT, READ THE FOLLOWING INSTRUCTIONS AND PROVIDE THE FOLLOWING ADDITIONAL INFORMATION:

When adding a new instrument, you receive a new two (2) year permit. Therefore, normal renewal procedures apply for the instrument(s) on your current permit that you wish to transfer to the new permit. Disregarding these renewal procedures will result in a new permit for the new instrument only.

To renew a Type III Permit, the applicant shall have performed at least ten (10) tests on drinking subjects in the past year on each instrument for which renewal is requested. If this condition is not met or the permit has expired for more than thirty (30) days, the applicant shall complete a two (2) hour refresher-training course under the supervision of an individual with a valid Type II Permit. The refresher-training course shall include the performance of five (5) self-administered tests for each breath analyzer for which renewal is requested. Copies of the completed operational checklists and printouts for the self-administered tests shall accompany the renewal application.

NAME OF INSTRUMENT	NUMBER OF SUBJECT TESTS	NUMBER OF SELF-TESTS	REFRESHER TRAINING COMPLETE
1. DATAMASTER	15	0	☐
2.			☐
3.			☐

SIGNATURE OF APPLICANT	DATE
▸	03/09/2014

RECOMMENDATION OF SUPERVISOR TYPE II

I certify that Travis L. Coffey (PRINT TYPE III APPLICANT FULL NAME) is qualified to operate the breath analyzer instrument(s) as requested in this application.

PRINT TYPE II APPLICANT FULL NAME	BUSINESS PHONE
▸ Kenneth R. Sanders	(417) 895-6767

SIGNATURE OF TYPE II PERMITTEE	PERMIT NUMBER/EXPIRATION DATE
▸	220192 08-13-2014

RETURN COMPLETED APPLICATION TO THE: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office
2875 James Blvd.
Poplar Bluff, MO 63901