



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

**RECEIVED**

REPORT #7

By Carol Day at 8:11 am, Dec 04, 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 097420	PRINTER SN 096.3580.988	DATE OF INSPECTION 11/26/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 2920 North Shamrock Road, Jefferson City		TIME OF INSPECTION 11:56 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**

SIMULATOR SOLUTION  COMPRESSED ETHANOL-GAS MIXTURE

STANDARD SUPPLIER Guth Laboratories LOT # 13290 EXP. DATE 10/29/2015

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 33.99 SIMULATOR SN MP2053 SIMULATOR EXP DATE 05/13/2015

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  .097

TEST 2  .096

TEST 3  .096

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).

**INSPECTING OFFICER**

SIGNATURE 	PRINT NAME Dewayne D. Carver
TYPE II PERMIT NUMBER/EXPIRATION DATE 230101 / 05/28/2015	TELEPHONE NUMBER (573) 751-4722

**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.**

890 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 13290 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **October 31, 2013**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1202%** (w/vol) ethyl alcohol. The expiration date for this lot number is **October 29, 2015** at 11:59 PM.

When used in a calibrated Simulator, operating at  $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$ , this solution will give a breath alcohol analysis instrument reading of **0.100 g/210L  $\pm$  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: 097420  
Version no: 004C

TEST RECORD 00096

Temp Date Time 210L

Air Blank:  
11/26/14 11:56 .000  
Calibration Check:  
21 11/26/14 11:56 .097

Subject Name

Subject I.D.

Operator Name, I.D.

DeWayne Carver C41  
Location

2920 N. Shamrock Rd

Jefferson City

AS IV Serial no: 097420  
Version no: 004C

TEST RECORD 00097

Temp Date Time 210L

Air Blank:  
11/26/14 11:57 .000  
Calibration Check:  
21 11/26/14 11:57 .096

Subject Name

Subject I.D.

Operator Name, I.D.

DeWayne Carver, C41  
Location

2920 N. Shamrock Rd.

Jefferson City

AS IV Serial no: 097420  
Version no: 004C

TEST RECORD 00098

Temp Date Time 210L

Air Blank:  
11/26/14 11:59 .000  
Calibration Check:  
22 11/26/14 11:59 .096

Subject Name

Subject I.D.

Operator Name, I.D.

DeWayne Carver C41  
Location

2920 N. Shamrock Rd

Jefferson City

AS IV Serial no: 097420  
Version no: 004C

TEST RECORD 00099

Temp Date Time 210L

Void: NFI  
12 11/26/14 12:00

Subject Name

Subject I.D.

Operator Name, I.D.

DeWayne Carver C41  
Location

2920 N. Shamrock Rd

Jefferson City



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

2

**PERMIT  
TYPE II**

**DEWAYNE D CARVER**

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 W/PRINTER, DATAMASTER, INTOX DMT**

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 05/28/2013  
NUMBER 230101  
EXPIRES 05/28/2015

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*David Vashelky*  
Acting Director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (RG-10)