



**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 097435	PRINTER SN 096.3580.875	DATE OF INSPECTION 08/03/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 602 S. Franklin St., Cuba		TIME OF INSPECTION 6:26 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 Labs LOT # 13100 EXP. DATE 04/23/2015

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0 SIMULATOR SN SD 2752 SIMULATOR EXP DATE 03/06/2015

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 .099

TEST 2 .101

TEST 3 .102

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)	2	(.15-.19)	1	(OVER .19)	1
----------	---	---------	---	-----------	---	-----------	---	-----------	---	------------	---

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 P.O. Adam Carnal 341

PRINT NAME  
P.O. Adam Carnal DSN 341

TYPE II PERMIT NUMBER/EXPIRATION DATE  
230009 exp. 01/11/2015

TELEPHONE NUMBER  
(573) 885-7979

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 6TH STREET • HARRISBURG, PA 17111-4811 • TELEPHONE: 717-584-6470

## CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 13100 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on April 29, 2013, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1214% (w/vol) ethyl alcohol. The expiration date for this lot number is April 23, 2015 at 11:59 PM.

When used in a calibrated Simulator, operating at  $34^{\circ}\text{C} \pm 0.2^{\circ}\text{C}$ , 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 Certified 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.*

TEST 1

AS IV Serial no: 097435  
Version no: 532B

TEST RECORD 09854

Temp Date Time 210L %

Air Blank:

08/03/14 06:26 .000

Calibration Check:  
22 08/03/14 06:25 .099

Subject Name

Subject I.D.

Operator Name: I.D.

Location  
F. O. Astor Avenue 341

602 S. Franklin St.

USA

TEST 2

AS IV Serial no: 097435  
Version no: 532B

TEST RECORD 00835

Temp Date Time 210L %

Air Blank:

08/03/14 06:27 .000

Calibration Check:  
22 08/03/14 06:27 .191

Subject Name

Subject I.D.

Operator Name: I.D.

Location  
F. O. Astor Avenue 341

602 S. Franklin St.

USA

TEST 3

AS IV Serial no: 097435  
Version no: 532B

TEST RECORD 00856

Temp Date Time 210L %

Air Blank:

08/03/14 06:28 .000

Calibration Check:  
23 08/03/14 06:28 .192

Subject Name

Subject I.D.

Operator Name: I.D.

Location  
F. O. Astor Avenue 341

602 S. Franklin St.

USA

REL TEST

AS IV Serial no: 097435  
Version no: 532B

TEST RECORD 00057

Temp Date Time 210L %

NOT IN TEST

12 08/03/14 06:29

Subject Name

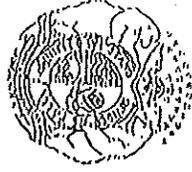
Subject I.D.

Operator Name: I.D.

Location  
F. O. Astor Avenue 341

602 S. Franklin St.

USA



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

2

PERMIT  
TYPE III

ADAM I CARNAL

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/PREMIER

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 01/11/2013

NUMBER 230009

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

EXPIRES 01/11/2015

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 565-577: 16-19

USA-165-19