



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 STATE PUBLIC HEALTH LABORATORY
ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

RECEIVED
 By Carol Day at 2:23 pm, Sep 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 097435	PRINTER SN 096.3580.875	DATE OF INSPECTION 09/09/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 602 S. Franklin St., Cuba		TIME OF INSPECTION 1:23 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

<input checked="" type="checkbox"/> SIMULATOR SOLUTION	<input type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>Guth Labs</u>	LOT # <u>13100</u> EXP. DATE <u>04/23/2015</u>
<input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) <u>34.0</u>	SIMULATOR SN <u>SD 2752</u> SIMULATOR EXP DATE <u>03/06/2015</u>

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)

<input checked="" type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE
<input type="checkbox"/> 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE
<input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE

TEST 1 → .101	TEST 2 → .102	TEST 3 → .103
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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)	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 <i>P.O. Adam Carnal 341</i>	PRINT NAME P.O. Adam Carnal 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.

580 NORTH 67th STREET • HARRISBURG, PA 17111-4811 • TELEPHONE: 717-664-6470

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°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 Certified 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.

RFI TEST

AS IU Serial no: 097435
Version no: 532B

TEST RECORD 00861

Temp Date Time 210L

Air Blanks: 12 09/09/14 13:27

Calibration Check: 12 09/09/14 13:27

Subject Name

Subject I.D.

Operator Name, I.D.
P.O. Adam Green 341

Location

102 S. Franklin St.

CUBA

TEST 3

AS IU Serial no: 097435
Version no: 532B

TEST RECORD 00860

Temp Date Time 210L

Air Blanks: 23 09/09/14 13:25

Calibration Check: 23 09/09/14 13:25

Subject Name

Subject I.D.

Operator Name, I.D.
P.O. Adam Green 341

Location

102 S. Franklin St.

CUBA

TEST 2

AS IU Serial no: 097435
Version no: 532B

TEST RECORD 00859

Temp Date Time 210L

Air Blanks: 09/09/14 13:24

Calibration Check: 22 09/09/14 13:24

Subject Name

Subject I.D.

Operator Name, I.D.
P.O. Adam Green 341

Location

102 S. Franklin St.

CUBA

TEST 1

AS IU Serial no: 097435
Version no: 532B

TEST RECORD 00858

Temp Date Time 210L

Air Blanks: 09/09/14 13:23

Calibration Check: 21 09/09/14 13:23

Subject Name

Subject I.D.

Operator Name, I.D.
P.O. Adam Green 341

Location

102 S. Franklin St.

CUBA



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

2

PERMIT
 TYPE III

ADAMI CARNAL

is hereby authorized to install and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzers:

ALCO SENSOR IV WRITER

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

W. in D.

NUMBER 230049

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

EXPIRES 01/11/2015

Shelley

DO NOT WRITE

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

USA-105-10