

Chapter 30—Determination of Blood Alcohol by Blood, Breath, Saliva, and Urine Analysis;
and Determination for the Presence of Drugs in Blood, Saliva, and Urine

RECEIVED

19 CSR 25-30



By Carol Day at 1:06 pm, May 12, 2014



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY
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 <u>097437</u>	PRINTER SN <u>096.3580.959</u>	DATE OF INSPECTION <u>05/01/14</u>
------------------------------------	-----------------------------------	---------------------------------------

LOCATION OF INSTRUMENT (STREET AND CITY) <u>7010 N HOLMES GLADSTONE</u>	TIME OF INSPECTION <u>1305</u>
----------------------------------------------------------------------------	-----------------------------------

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.

<input checked="" type="checkbox"/> DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)
<input checked="" type="checkbox"/> TEMPERATURE OF ALCO SENSOR (10°C - 40°C)
<input checked="" type="checkbox"/> PRINTER WORKING PROPERLY
<input checked="" type="checkbox"/> 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>13210</u> EXP. DATE <u>07/19/15</u>

<input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) <u>34.0 °C</u> SIMULATOR SN <u>SD2253</u> SIMULATOR EXP DATE <u>02/26/15</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 = <u>.099</u>	TEST 2 = <u>.099</u>	TEST 3 = <u>.099</u>
----------------------	----------------------	----------------------

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	<u>0</u>	(0-.04)	<u>0</u>	(.05-.09)	<u>0</u>	(.10-.14)	<u>0</u>	(.15-.19)	<u>0</u>	(OVER .19)	<u>0</u>
----------	----------	---------	----------	-----------	----------	-----------	----------	-----------	----------	------------	----------

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 <u>TERRILL ALLEN</u>	PRINT NAME <u>TERRILL ALLEN</u>
-----------------------------------	------------------------------------

TYPE II PERMIT NUMBER/EXPIRATION DATE <u>220258</u> <u>09/13/14</u>	TELEPHONE NUMBER <u>(816) 436 3550</u>
------------------------------------------------------------------------	-------------------------------------------

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

MO 580-1361 (6-10)

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER
services provided on a non-discriminatory basis

LAB-114



GUTH LABORATORIES, INC.

800 NORTH 67th STREET • HARRISBURG, PA 17111-4811 • TELEPHONE: 717-664-5470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 13210 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on July 31, 2013, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1216% (w/vol) ethyl alcohol. The expiration date for this lot number is July 29, 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.

AS IV Serial no: 097437
Version no: 004C

TEST RECORD 00903

Temp Date Time ^{s/} 210L

Air Blank:
05/01/14 13:10 .000
Calibration Check:
21 05/01/14 13:10 .099

Subject Name

Subject I.D.

Operator Name, I.D.

J. Allen 8565

Location

AS IV Serial no: 097437
Version no: 004C

TEST RECORD 00904

Temp Date Time ^{s/} 210L

Air Blank:
05/01/14 13:12 .000
Calibration Check:
22 05/01/14 13:12 .099

Subject Name

Subject I.D.

Operator Name, I.D.

J. Allen 8565

Location

AS IV Serial no: 097437
Version no: 004C

TEST RECORD 00905

Temp Date Time ^{s/} 210L

Air Blank:
05/01/14 13:14 .000
Calibration Check:
22 05/01/14 13:14 .099

Subject Name

Subject I.D.

Operator Name, I.D.

J. Allen 8565

Location

AS IV Serial no: 097437
Version no: 004C

TEST RECORD 00906

Temp Date Time ^{s/} 210L

Void: RFI
12 05/01/14 13:17

Subject Name

Subject I.D.

Operator Name, I.D.

Location

State of Missouri
DEPARTMENT OF HEALTH



PERMIT
TYPE II



TERRILL D ALLEN

Is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field repairs, and operate the following breath analyzer(s):

INTOXILYZER 5000; ALCO-SENSOR IV W/PRINTER

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

Date 09/13/2012

Number 220258

Expires 09/13/2014

Director of State Public Health Laboratory

Director, Department of Health