



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

RECEIVED 1/14/14 **REPORT #7**

Complete this report in duplicate at the time of the regular monthly preventative maintenance check, and w **REVIEWED** instrument is repaired.
 Send copy to Department of Health and Senior Services; retain original in department file.
 By Carol Day at 11:57 am, Jan 23, 2014

ALCO SENSOR IV SN <i>097440</i> <i>St. Louis County Police Department</i>	PRINTER SN <i>096.3580.989</i>	DATE OF INSPECTION <i>01.03.2014</i>
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LOCATION OF INSTRUMENT (STREET AND CITY) <i>MOBOT T.M.C. : 14301 South Outer 40 Road St. Louis, MO 63017</i>	TIME OF INSPECTION <i>00:55</i>
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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) *15°C*

PRINTER WORKING PROPERLY

TIME AND DATE DISPLAYING PROPERLY

BREATH ALCOHOL ACCURACY STANDARDS

SIMULATOR SOLUTION COMPRESSED ETHANOL-GAS MIXTURE

STANDARD SUPPLIER *Cuth Laboratories* LOT # *13210* EXP. DATE *07.29.2015*

SIMULATOR TEMPERATURE (34°C ± 0.2°C) *34.0°C* SIMULATOR SN *5D2689* SIMULATOR EXP DATE *07.10.2014*

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 *.100*

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 *6* | (0-.04) *—* | (.05-.09) *—* | (.10-.14) *4* | (.15-.19) *3* | (OVER .19) *2*

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).

• Cleared the Memory bank

INSPECTING OFFICER

SIGNATURE *Po A Rose 2721*

PRINT NAME *OFFICER D. ROSE, DSN 2721*

TYPE II PERMIT NUMBER/EXPIRATION DATE *230253 / 11.12.2015*

TELEPHONE NUMBER *(314) 889-2341*

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

AS IV Serial no: 097440
Version no: 004C

TEST RECORD 00634

Temp Date Time ^{a/} 210L

Air Blank:
01/03/14 00:55 .000
Calibration Check:
15 01/03/14 00:55 .099

Subject Name

N/A

Subject I.D.

N/A

Operator Name, I.D.

ROSC 2721

Location

MUDOT T.M.C.

AS IV Serial no: 097440
Version no: 004C

TEST RECORD 00635

Temp Date Time ^{a/} 210L

Air Blank:
01/03/14 00:57 .000
Calibration Check:
17 01/03/14 00:57 .100

Subject Name

N/A

Subject I.D.

N/A

Operator Name, I.D.

ROSC 2721

Location

MUDOT T.M.C.

AS IV Serial no: 097440
Version no: 004C

TEST RECORD 00636

Temp Date Time ^{a/} 210L

Air Blank:
01/03/14 00:59 .000
Calibration Check:
18 01/03/14 00:59 .100

Subject Name

N/A

Subject I.D.

N/A

Operator Name, I.D.

ROSC 2721

Location

MUDOT T.M.C.

AS IV Serial no: 097440
Version no: 004C

TEST RECORD 00637

Temp Date Time ^{a/} 210L

Air Blank:
12 01/03/14 01:00

Subject Name

N/A

Subject I.D.

N/A

Operator Name, I.D.

ROSC 2721

Location

MUDOT T.M.C.

AS IV Serial no: 097440
Version no: 004C

TEST RECORD 00638

Temp Date Time ^{a/} 210L

Air Blank:
01/03/14 01:02 .000
Subject Test: Auto
20 01/03/14 01:02 .000

Subject Name

Blank Test

Subject I.D.

N/A

Operator Name, I.D.

ROSC 2721

Location

MUDOT T.M.C.



GUTH LABORATORIES, INC.

890 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 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.

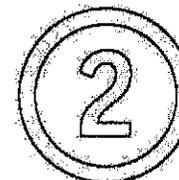
NIST Traceability:

Testing was conducted using Cerilliant Reference Standard lot number 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.



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



PERMIT
TYPE II
DAVID M ROSE

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

DATAMASTER, INTOX DMT, ALCO-SENSOR IV W/PRINTER

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 11/12/2013

NUMBER 230253

EXPIRES 11/12/2015

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

,acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES