MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

RECEIVED REPORT #7
By Carol Day at 10:20 am, Sep 05, 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	PRINTER SN	DATE OF INSPECTION
097460	096.3580.957	09/03/2014

LOCATION OF INSTRUMENT (STREET AND CITY)	TIME OF INSPECTION
Toad Cove Zone Office, Bittersweet Rd., Lake Ozark	10:37 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

- ☑ SIMULATOR SOLUTION ☐ COMPRESSED ETHANOL-GAS MIXTURE
- ☑ STANDARD SUPPLIER Guth LOT # 13280 EXP. DATE 10/16/2015
- ☑ SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0 SIMULATOR SN MP2313 SIMULATOR EXP DATE 07/30/2015
- ☑ 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 ☛ .102	TEST 2 ☛ .104	TEST 3 ☛ .104

- ☑ 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-.04)	(.05-.09)	(.10-.14)	(.15-.19)	(OVER .19)
0	0	0	0	0	0

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).

Instrument is operating within DOHSS standards

INSPECTING OFFICER

SIGNATURE	PRINT NAME
▸ S. D. Bledsoe 661	Shannon Bledsoe
TYPE II PERMIT NUMBER/EXPIRATION DATE: 240195 04/30/2016	TELEPHONE NUMBER: (573) 751-1000

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

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER
services provided on a nondiscriminatory basis

GUTH LABORATORIES, INC.
590 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 **13280** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **October 18, 2013,** using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1217%** (w/vol) ethyl alcohol. The expiration date for this lot number is **October 16, 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.

AS IV Serial no: 097460
Version no: 004C

TEST RECORD 00243

Temp	Date	Time	s/ 210L
Air Blank:			
	09/03/14	22:41	.000
Calibration Check:			
25	09/03/14	22:41	.104

Subject Name

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 097460
Version no: 004C

TEST RECORD - REPRINT

TEST RECORD 00244

Temp	Date	Time	s/ 210L
Void: RFI			
12	09/03/14	22:42	

Subject Name
RFI CHECK
Subject I.D.

Operator Name, I.D.
S. D. Bledsoe 661
Location

AS IV Serial no: 097460
Version no: 004C

TEST RECORD 00241

Temp	Date	Time	s/ 210L
Air Blank:			
	09/03/14	22:37	.000
Calibration Check:			
23	09/03/14	22:37	.102

Subject Name
MONTHLY MAINT
Subject I.D.

Operator Name, I.D.
S. D. Bledsoe 661
Location

AS IV Serial no: 097460
Version no: 004C

TEST RECORD 00242

Temp	Date	Time	s/ 210L
Air Blank:			
	09/03/14	22:39	.000
Calibration Check:			
24	09/03/14	22:39	.104

Subject Name
MONTHLY MAINT
Subject I.D.

Operator Name, I.D.
S. D. Bledsoe 661
Location

STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES

BREATH ALCOHOL PROGRAM

2

PERMIT

TYPE II

SHANNON D BLEDSOE

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 WITH PRINTER, 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 4/30/2014

NUMBER 240195

EXPIRES 4/30/2016

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R6-10)

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

INSTRUMENT OPERATOR CARD

The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.

Operator BLEDSOE, SHANNON
Permit No 240195
Date Issued 4/30/2014 **Date Expires** 4/30/2016