MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

RECEIVED 2/25/14-CD

REPORT #7

REVIEWED
By Carol Day at 8:44 am, Mar 17, 2014

Complete this report in duplicate at the time of the regular monthly preventative maintenance check, and whenever [illegible]
Send copy to Department of Health and Senior Services; retain original in department file.

ALCO SENSOR IV SN	PRINTER SN	DATE OF INSPECTION
099363	097 3584338	2/15/14
LOCATION OF INSTRUMENT (STREET AND CITY) 415 Third Street Platte City, MO 64079		TIME OF INSPECTION 1851

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.

- [x] DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)
- [x] TEMPERATURE OF ALCO SENSOR (10°C - 40°C) 23°c
- [x] PRINTER WORKING PROPERLY
- [x] TIME AND DATE DISPLAYING PROPERLY

BREATH ALCOHOL ACCURACY STANDARDS

- [x] SIMULATOR SOLUTION
- [ ] COMPRESSED ETHANOL-GAS MIXTURE
- [x] STANDARD SUPPLIER Guth Laboratories LOT # 15210 EXP. DATE 7/29/15
- [x] SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34°c SIMULATOR SN SD2780 SIMULATOR EXP DATE 6/25/14
- [x] 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)
  - [x] 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	TEST 2	TEST 3
.099	.099	.100

- [x] 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)
Ø	Ø	1	Ø	Ø	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	PRINT NAME
[signature]	Walter Nichols
TYPE II PERMIT NUMBER/EXPIRATION DATE 230230 10/17/15	TELEPHONE NUMBER (816) 858-2424

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.
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 **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.

AS IV Serial no: 099363
Version no: 532B

TEST RECORD 00078

Temp	Date	Time	g/210L

Air Blank:
02/15/14 18:57 .000
Calibration Check:
23 02/15/14 18:57 .099

Subject Name
Doe, John A
Subject I.D.
123456789
Operator Name, I.D.
Walter Nichols 136
Location
415 Third Street
Platte City, MO 64079
permit# exp date
230230 10/17/15

AS IV Serial no: 099363
Version no: 532B

TEST RECORD 00077

Temp	Date	Time	g/210L

Air Blank:
02/15/14 18:56 .000
Calibration Check:
23 02/15/14 18:56 .099

Subject Name
Doe, John A
Subject I.D.
123456789
Operator Name, I.D.
Walter Nichols 136
Location
415 Third Street
Platte City, MO 64079
permit# exp date
230230 10/17/15

AS IV Serial no: 099363
Version no: 532B

TEST RECORD 00079

Temp	Date	Time	g/210L

Air Blank:
02/15/14 18:59 .000
Calibration Check:
24 02/15/14 18:59 .100

Subject Name
Doe, John A
Subject I.D.
123456789
Operator Name, I.D.
Walter Nichols 136
Location
415 Third Street
Platte City, MO 64079
permit# exp date
230230 10/17/15

AS IV Serial no: 099363
Version no: 532B

TEST RECORD 00080

Temp	Date	Time	g/210L

VOID: RFI
12 02/15/14 19:00

Subject Name
Doe, John A
Subject I.D.
123456789
Operator Name, I.D.
Walter Nichols 136
Location
415 Third Street
Platte City, MO 64079
Permit# exp date
230230 10/17/15

STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES

BREATH ALCOHOL PROGRAM

2

PERMIT

TYPE II

WALTER NICHOLS

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 10/17/2013

NUMBER 230230

EXPIRES 10/17/2015

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Hal Vasterling ,acting director

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 NICHOLS, WALTER
Permit No 230230
Date Issued 10/17/2013 **Date Expires** 10/17/2015