



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

**RECEIVED**  
 By Carol Day at 4:12 pm, May 19, 2014

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 <b>099363</b>	PRINTER SN <b>097 3584 338</b>	DATE OF INSPECTION <b>5/16/14</b>
LOCATION OF INSTRUMENT (STREET AND CITY) <b>415 Third Street Platte City, MO 64079</b>		TIME OF INSPECTION <b>2259</b>

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) **23°C**
- PRINTER WORKING PROPERLY
- TIME AND DATE DISPLAYING PROPERLY

**BREATH ALCOHOL ACCURACY STANDARDS**

- SIMULATOR SOLUTION  COMPRESSED ETHANOL-GAS MIXTURE

STANDARD SUPPLIER **Guth Laboratories** LOT # **13210** EXP. DATE **7/29/15**

SIMULATOR TEMPERATURE (34°C ± 0.2°C) **34°C** SIMULATOR SN **SD2780** SIMULATOR EXP DATE **6/25/14**

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 **.098** TEST 2 **.098** TEST 3 **.099**

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) **1** | (.10-.14) **3** | (.15-.19) **4** | (OVER .19) **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).

**INSPECTING OFFICER**

SIGNATURE <i>Walter Nichols</i>	PRINT NAME <b>Walter Nichols</b>
TYPE II PERMIT NUMBER/EXPIRATION DATE <b>230230 10/17/15</b>	TELEPHONE NUMBER <b>(816) 858-2424</b>

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: 717-554-5470

## 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  $34^{\circ}\text{C} \pm 0.2^{\circ}\text{C}$ , this solution will give a breath alcohol analysis instrument reading of 0.100 g/210L  $\pm 3\%$ .

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 00110

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
05/16/14 23:13 .000  
Calibration Check:  
23 05/16/14 23:13 .098

Subject Name

Doe, John A

Subject I.D.

123456789 MO

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 00111

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
05/16/14 23:14 .000  
Calibration Check:  
24 05/16/14 23:14 .098

Subject Name

Doe, John A

Subject I.D.

123456789 MO

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 00113

Temp Date Time <sup>s/</sup> 210L

VOID: RFI  
12 05/16/14 23:17

Subject Name

Doe, John A

Subject I.D.

123456789 MO

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 00112

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
05/16/14 23:16 .000  
Calibration Check:  
25 05/16/14 23:16 .099

Subject Name

Doe, John A

Subject I.D.

123456789 MO

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



**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):

**DATA MASTER, 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

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 230230

EXPIRES 10/17/2015

acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES