



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY

RECEIVED
By Carol Day at 1:09 pm, May 07, 2014

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 099365	PRINTER SN 097.3584.346	DATE OF INSPECTION 05/03/2014
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LOCATION OF INSTRUMENT (STREET AND CITY) 147 S. Main St, Laurie, Mo, 65038 / Laurie Police Department	TIME OF INSPECTION 11:49 pm
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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)
- PRINTER WORKING PROPERLY
- TIME AND DATE DISPLAYING PROPERLY

BREATH ALCOHOL ACCURACY STANDARDS

<input checked="" type="checkbox"/> SIMULATOR SOLUTION	<input type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
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<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>Guth</u>	LOT # <u>14030</u>	EXP. DATE <u>01/20/2016</u>
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<input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) <u>34.0</u>	SIMULATOR SN <u>DR6929</u>	SIMULATOR EXP DATE <u>07/15/2014</u>
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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 → .105	TEST 2 → .105	TEST 3 → .105
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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	1	(0-.04)	30	(.05-.09)	(.10-.14)	(.15-.19)	(OVER .19)
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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 Jason A. Sylvester
TYPE II PERMIT NUMBER/EXPIRATION DATE 230346 / 12/31/2015	TELEPHONE NUMBER (573) 374-4871

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.**

890 NORTH 87TH STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-3470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 14030 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on January 22, 2014, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1215% (w/vol) ethyl alcohol. The expiration date for this lot number is January 20, 2016 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.*

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③

AS IV Serial no: 099365
Version no: 532B

AS IV Serial no: 099365
Version no: 532B

AS IV Serial no: 099365
Version no: 532B

TEST RECORD 00171

TEST RECORD 00172

TEST RECORD 00173

Temp Date Time ^{9/} 210L

Temp Date Time ^{9/} 210L

Temp Date Time ^{9/} 210L

Air Blank:
05/03/14 23:49 .000
Calibration Check:
22 05/03/14 23:49 .105

Air Blank:
05/03/14 23:51 .000
Calibration Check:
22 05/03/14 23:51 .105

Air Blank:
05/03/14 23:52 .000
Calibration Check:
22 05/03/14 23:52 .105

Subject Name

Subject Name

Subject Name

Subject I.D.

Subject I.D.

Subject I.D.

Operator Name, I.D.

Operator Name, I.D.

Operator Name, I.D.

Sylvester 230346
Location

Sylvester 230346
Location

Sylvester 230346
Location

Laure P.D

Laure P.D

Laure P.D

RFI

AS IV Serial no: 099365
Version no: 532B

TEST RECORD 00174 ^{9/}

Temp Date Time 215L

VOID: RFI
12 05/03/14 23:54

Subject Name

Subject I.D.

Operator Name, I.D.

Sylvester 230346
Location

Laure P.D



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



**PERMIT
TYPE II**

JASON A SYLVESTER

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

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 12/31/2013

NUMBER 230346

EXPIRES 12/31/2015

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

, acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MS(1) 580 0771 (5-10)

(11-1-010 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 **SYLVESTER, JASON**
Permit No **230346**
Date issued **12/31/2013** Date Expires **12/31/2015**