



STATE PUBLIC HEALTH LABORATORY
ALCO-SENSOR IV WITH PRINTER MAINTENANCE

RECEIVED
By Carol Day at 8:39 am, Dec 08, 2014

Complete this report in duplicate at the time of the regular monthly preventive 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 100288	PRINTER SN 096.3580.982	DATE OF INSPECTION 11/15/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 224 N. Main Peculiar, MO 64078		TIME OF INSPECTION 10:30 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 094948 SIMULATOR EXP DATE 04/22/2015

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 .101

TEST 2 .101

TEST 3 .101

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)	0	(.10-.14)	0	(.15-.19)	0	(OVER .19)	0
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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).

Operating within Standards.

INSPECTING OFFICER

SIGNATURE 	PRINT NAME Sgt. Michael McLaughlin
TYPE II PERMIT NUMBER/EXPIRATION DATE 230245	TELEPHONE NUMBER (816) 779-5102

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.

690 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-534-2100

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 Certified 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: 100288
Version no: 004C

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Version no: 004C

TEST RECORD 00492

Temp Date Time 210L

Air Blank:
11/15/14 22:34 .000
Calibration Check:
26 11/15/14 22:34 .101

Subject Name

TEST # J

Subject I.D.

JOS

Operator Name, I.D.

2702YS
MICHAEL McLAUREN

Location

224 N. MAIN

PERCUTAN MD 6408

TEST RECORD 00491

Temp Date Time 210L

Air Blank:
11/15/14 22:32 .000
Calibration Check:
25 11/15/14 22:32 .101

Subject Name

TEST # 2

Subject I.D.

305

Operator Name, I.D.

2702YS
MICHAEL McLAUREN

Location

224 N. MAIN

PERCUTAN MD 6408

AS IV Serial no: 100288
Version no: 004C

TEST RECORD 00490

Temp Date Time 210L

Void: RFI
12 11/15/14 22:30

Subject Name

RFE TEST

Subject I.D.

305

Operator Name, I.D.

2702YS
MICHAEL McLAUREN

Location

224 N. MAIN

PERCUTAN MD

TEST RECORD 00499

Temp Date Time 210L

Air Blank:
11/15/14 22:30 .000
Calibration Check:
23 11/15/14 22:30 .101

Subject Name

TEST # 1

Subject I.D.

305

Operator Name, I.D.

2702YS
MICHAEL McLAUREN

Location

224 N. MAIN

PERCUTAN MD

6408

AS IV Serial no: 100288

Version no: 004C