



**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 100290	PRINTER SN 093.3563.018	DATE OF INSPECTION 06/20/2014
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LOCATION OF INSTRUMENT (STREET AND CITY) 2920 North Shamrock Road, Jefferson City	TIME OF INSPECTION 7:57 am
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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 Laboratories</u> LOT # <u>13280</u> EXP. DATE <u>10/16/2015</u>
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<input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) <u>34.00</u> SIMULATOR SN <u>MP2053</u> SIMULATOR EXP DATE <u>05/13/2015</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)

- 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 ● .097	TEST 3 ● .097
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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	0	(.0-.04)	0	(.05-.09)	0	(.10-.14)	0	(.15-.19)	0	(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 Dewayne D. Carver
TYPE II PERMIT NUMBER/EXPIRATION DATE 230101 / 05/28/2015	TELEPHONE NUMBER (573) 751-4722

**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 **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  $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$ , 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: 100290  
Version no: 004C

TEST RECORD 00220

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

Air Blank:  
06/20/14 07:57 .000  
Calibration Check:  
22 06/20/14 07:57 .098

Subject Name

Subject I.D.

Operator Name, I.D.

Shirley Carver cell  
Location

2920 N. Shameock Rd

JEFFERSON City

AS IV Serial no: 100290  
Version no: 004C

TEST RECORD 00221

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

Air Blank:  
06/20/14 07:58 .000  
Calibration Check:  
22 06/20/14 07:58 .097

Subject Name

Subject I.D.

Operator Name, I.D.

Shirley Carver cell  
Location

2920 N. Shameock Rd.

JEFFERSON City

AS IV Serial no: 100290  
Version no: 004C

TEST RECORD 00222

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

Air Blank:  
06/20/14 08:00 .000  
Calibration Check:  
22 06/20/14 08:00 .097

Subject Name

Subject I.D.

Operator Name, I.D.

Shirley Carver cell  
Location

2920 N. Shameock Rd

JEFFERSON City

AS IV Serial no: 100290  
Version no: 004C

TEST RECORD 00223

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

Void: RFI  
12 06/20/14 08:01

Subject Name

Subject I.D.

Operator Name, I.D.

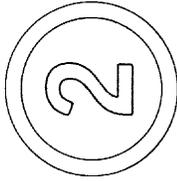
Shirley Carver cell  
Location

2920 N. Shameock Rd

JEFFERSON City



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



**PERMIT**  
**TYPE II**

**DEWAYNE D CARVER**

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 W/PRINTER, DATAMASTER, 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 **05/28/2013**

NUMBER **230101**

EXPIRES **05/28/2015**

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Darl Vesterby*  
Acting Director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES