



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

RECEIVED
 By Carol Day at 9:48 am, Dec 18, 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 <i>102470</i> | PRINTER SN <i>086.3419.522</i> | DATE OF INSPECTION <i>12/06/2014</i> |
| LOCATION OF INSTRUMENT (STREET AND CITY) <i>10405 MO-180 ST ANN</i> | | TIME OF INSPECTION <i>0410 hrs.</i> |

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 LAB* LOT # *14200* EXP. DATE *08/05/2016*
- SIMULATOR TEMPERATURE (34°C ± 0.2°C) *34.0c* SIMULATOR SN *DR2856* SIMULATOR EXP DATE *7/15/2015*

- 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 • <i>.099</i> | TEST 2 • <i>.099</i> | TEST 3 • <i>.099</i> |
|----------------------|----------------------|----------------------|

- 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 <input type="checkbox"/> | (0-.04) <input type="checkbox"/> | (.05-.09) <input type="checkbox"/> | (.10-.14) <input type="checkbox"/> | (.15-.19) <i>1</i> | (OVER .19) <input type="checkbox"/> |
|-----------------------------------|----------------------------------|------------------------------------|------------------------------------|--------------------|-------------------------------------|

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).

INSTRUMENT TESTED WITHIN DOH SPECIFICATIONS

| | |
|---|---|
| INSPECTING OFFICER | |
| SIGNATURE <i>William M. Goodrich</i> | PRINT NAME <i>William Goodrich</i> |
| TYPE II PERMIT NUMBER/EXPIRATION DATE <i>240245 05/19/2016</i> | TELEPHONE NUMBER <i>(314) 427-8000</i> |

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

AS IV Serial no: 102470
Version no: 502R

TEST RECORD 00109

Temp Date Time 210L

Air Blank:
12/06/14 04:29 .000
Calibration:
26 12/06/14 04:29 .099

Subject Name

TEST

Subject I.D.

Operator Name: I.D.

Goodrich 240245

Location

10405 MO-180

ST ANN

AS IV Serial no: 102470
Version no: 502R

TEST RECORD 00109

Temp Date Time 210L

Air Blank:
12/06/14 04:29 .000
Calibration:
26 12/06/14 04:29 .099

Subject Name

TEST

Subject I.D.

Operator Name: I.D.

Goodrich 240245

Location

10405 MO-180

ST ANN

AS IV Serial no: 102470
Version no: 502R

TEST RECORD 00111

Temp Date Time 210L

Air Blank:
12/06/14 04:37 .000
Calibration:
26 12/06/14 04:37 .099

Subject Name

TEST

Subject I.D.

Operator Name: I.D.

Goodrich 240245

Location

10405 MO-180

ST ANN

AS IV Serial no: 102470
Version no: 502R

TEST RECORD 00110

Temp Date Time 210L

Air Blank:
12/06/14 04:37 .000
Calibration:
26 12/06/14 04:37 .099

Subject Name

TEST

Subject I.D.

Operator Name: I.D.

Goodrich 240245

Location

10405 MO-180

ST ANN



GUTH LABORATORIES, INC.

690 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-684-5470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 14200 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on August 6, 2014, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1213% (w/vol) ethyl alcohol. The expiration date for this lot number is August 5, 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 FNI22211-02 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.



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

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**PERMIT
 TYPE II**

WILLIAM M GOODRICH

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repair and operate the following breath analyzer(s):

ALCO-SENSOR IV WITH PRINTER, INTOX EC/IR II

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sec 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 5/19/2014

NUMBER 240245

EXPIRES 5/19/2016

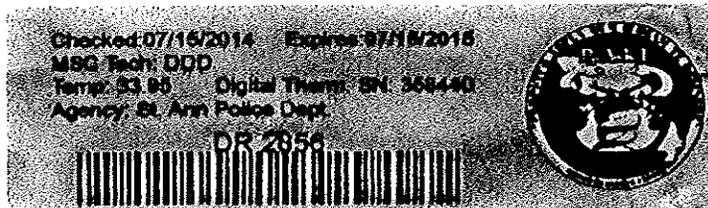
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES



Simulator Calibration Report

This calibration report is to certify the alcohol reference simulator listed below has been examined and tested using standards traceable to the National Institute of Standards and Technology (NIST) in accordance with the standards set by the Missouri Department of Health and Senior Services Rules and Regulations:
19 CSR 25-30.051 (4).



Technician Printed Name: Donald D. DeBoer

Technician Signature: Donald D. DeBoer

Date: 07/15/2014

Contact: Missouri Safety Center
Breath-Alcohol Instrument Training Program
660-543-4834